ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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Royalties: Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Jørgen B.

2. Surname (Last Name)  
Dahl

3. Date  
19-September-2013

4. Are you the corresponding author?  
☐ Yes  ✔ No

Corresponding Author’s Name  
Rikke Vibeke Nielsen

5. Manuscript Title  
Pain management after spine surgery – a quality assurance study

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Section 6. Disclosure Statement

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Dr. Dahl has nothing to disclose.

Evaluation and Feedback

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### Section 1. Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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</thead>
<tbody>
<tr>
<td>Jonna Storm</td>
<td>Fomsgaard</td>
<td>20-September-2013</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
   - Yes  
   - No  
   ✔ No

5. Manuscript Title  
Pain management after spine surgery - a quality assurance study

6. Manuscript Identifying Number (if you know it)  

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### Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?  
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   - No  
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   - Yes  
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Dr. Fomsgaard has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Ole

2. Surname (Last Name)  
   Mathiesen

3. Date  
   23-September-2013

4. Are you the corresponding author?  
   Yes ☐  No ☑

   Corresponding Author’s Name  
   Rikke Vibeke Nielsen

5. Manuscript Title  
   Pain management after spine surgery – a quality assurance study

6. Manuscript Identifying Number (if you know it)

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Dr. Mathiesen has nothing to disclose

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1. Given Name (First Name)  
Rikke Vibeke

2. Surname (Last Name)  
Nielsen

3. Date  
26-September-2013

4. Are you the corresponding author?  
☑ Yes  ☐ No

5. Manuscript Title  
Pain management after spine surgery – a quality assurance study

6. Manuscript Identifying Number (if you know it)

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