ICMJE Form for Disclosure of Potential Conflicts of Interest

**Instructions**

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Karen Toftdahl
2. Surname (Last Name)  Bjørnholdt
3. Date  23-August-2018
4. Are you the corresponding author?  No
   Corresponding Author’s Name  Theis Muncholm Thillemann
5. Manuscript Title  The Danish version of the Western Ontario Rotator Cuff Index
6. Manuscript Identifying Number (if you know it)

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Dr. Bjørnholdt has nothing to disclose.

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Thillemann
### Section 1. Identifying Information

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Theis  

2. Surname (Last Name)  
Thillemann  

3. Date  
23-August-2018  

4. Are you the corresponding author?  
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5. Manuscript Title  
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<tr>
<td>Lone</td>
<td>Dragnes Brix</td>
<td>07-August-2018</td>
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Corresponding Author’s Name

Theis Muncholm Thillemann

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LDB has received funding from The Family Hede Nielsen Foundation, The Gurli and Hans Engell Friis Foundation, The Aase and Ejnar Danielsen Foundation, The Memorial Foundation of Knud and Edith Erikson, The Health Research Fund of Central Denmark. The foundations had no influence on the study design, collection, analysis, or interpretation of data, in writing the article or in the decision to submit it for publication.

I declare that there is no conflict of interest.

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<td>Kallestrup</td>
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- [✓] No

Corresponding Author's Name  
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