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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2. The work under consideration for publication.
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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
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<tr>
<td>Anders</td>
<td>Rasmussen</td>
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4. Are you the corresponding author? ☑ No

<table>
<thead>
<tr>
<th>Corresponding Author’s Name</th>
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<tr>
<td>René Østgård</td>
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5. Manuscript Title

Udredning og behandling af inflammatorisk rygsygdom – en hyppig årsag til rygsmarter hos yngre

6. Manuscript Identifying Number (if you know it)

UFL-03-19-0192

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Krarup Keller
**Section 1. Identifying Information**

1. Given Name (First Name)  
   Kresten

2. Surname (Last Name)  
   Krarup Keller

3. Date  
   09-September-2019

4. Are you the corresponding author?  
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Eika Rasmussen
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1. Given Name (First Name)  
   Stinne

2. Surname (Last Name)  
   Eika Rasmussen

3. Date  
   09-September-2019

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   Corresponding Author’s Name  
   René Østgård

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   René

2. Surname (Last Name)
   Østgård

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