ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Gundtoft
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Per Hviid

2. Surname (Last Name)  
   Gundtoft

3. Date  
   25-January-2020

4. Are you the corresponding author?  
   [ ] Yes  [ ] No

5. Manuscript Title  
   Effects of diabetes mellitus on the prognosis of frozen shoulder: A two-year follow-up study

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
   [ ] Yes  [ ] No

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Are there any relevant conflicts of interest?  
   [ ] Yes  [ ] No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   [ ] Yes  [ ] No
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Dr. Gundtoft has nothing to disclose.

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### Identifying Information

1. **Given Name (First Name)**
   - Jette Wessel

2. **Surname (Last Name)**
   - Vobbe

3. **Date**
   - 25-January-2020

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

- **Corresponding Author’s Name**
  - Per Hviid Gundtoft

5. **Manuscript Title**
   - Effects of diabetes mellitus on the prognosis of frozen shoulder: A two-year follow-up study

6. **Manuscript Identifying Number (if you know it)**
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  - Yes  ✔  No

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Dr. Vobbe has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Mikkel Lindegaard
2. Surname (Last Name) Attrup
3. Date 25-January-2020

4. Are you the corresponding author? ☑ No

Corresponding Author’s Name Per Hviid Gundtoft

5. Manuscript Title
Effects of diabetes mellitus on the prognosis of frozen shoulder: A two-year follow-up study

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☑ No

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Are there any relevant conflicts of interest? ☑ No

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Dr. Attrup has nothing to disclose.

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Kristensen
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Anne Krog

2. Surname (Last Name)  
   Kristensen

3. Date  
   25-January-2020

4. Are you the corresponding author?  
   Yes  ☑ No  
   Corresponding Author’s Name  
   Per Hviid Gundtoft

5. Manuscript Title  
   Effects of diabetes mellitus on the prognosis of frozen shoulder: A two-year follow-up study

6. Manuscript Identifying Number (if you know it)

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Dr. Kristensen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Lilli

2. Surname (Last Name)  
Sørensen

3. Date  
25-January-2020

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

Corresponding Author’s Name  
Per Hviid Gundtoft

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Are there any relevant conflicts of interest?  
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Dr. Sørensen has nothing to disclose.

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1. Given Name (First Name) Per
2. Surname (Last Name) Hölmich
3. Date 25-January-2020

4. Are you the corresponding author? ☐ Yes  ✔ No
   Corresponding Author’s Name Per Hviid Gundtoft

5. Manuscript Title
   Effects of diabetes mellitus on the prognosis of frozen shoulder: A two-year follow-up study

6. Manuscript Identifying Number (if you know it)

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Dr. Hölmich has nothing to disclose.

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