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4. **Intellectual Property.**

   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. **Relationships not covered above.**

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- **Royalties:** Funds are coming in to you or your institution due to your patent

Gadeberg
ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name) Markus
2. Surname (Last Name) Gadeberg
3. Date 15-July-2020
4. Are you the corresponding author? ✔ Yes ☐ No

**Validity of sports related diagnosis codes in the Danish National Patient Register.**

5. Manuscript Title
6. Manuscript Identifying Number (if you know it)

**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.)?

Are there any relevant conflicts of interest? ☐ Yes ✔ No

**Section 3. Relevant financial activities outside the submitted work.**

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication.

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
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Section 6. Disclosure Statement

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Mr. Gadeberg has nothing to disclose.

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Barfod
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Kristoffer W.
2. Surname (Last Name)  
Barfod
3. Date  
11-August-2020
4. Are you the corresponding author?  
☑️ No

Corresponding Author’s Name  
Markus Gadeberg

5. Manuscript Title  
Validity of sports related diagnosis codes in the Danish National Patient Register
6. Manuscript Identifying Number (if you know it)  

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.)?

Are there any relevant conflicts of interest?  
☑️ No

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Are there any relevant conflicts of interest?  
☑️ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
☑️ No
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Dr. Barfod 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)  Per
2. Surname (Last Name)  Hölmich
3. Date  11-August-2020
4. Are you the corresponding author?  
   Yes  No  ✔
   Corresponding Author's Name  Markus Gadeberg

5. Manuscript Title
   Validity of sports related diagnosis codes in the Danish National Patient Register.

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  
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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?  
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Hölmich
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Hölmich
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Allan
2. Surname (Last Name)  Cramer
3. Date  11-August-2020

4. Are you the corresponding author?  ☑ No

5. Manuscript Title
Validity of sports related diagnosis codes in the Danish National Patient Register

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Dr. Cramer has nothing to disclose.

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