

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Michael Rindom
2. Surname (Last Name)
Krogsgaard
3. Date
25-October-2017
4. Are you the corresponding author? Yes No
5. Manuscript Title
Snapping elbow - a guide to diagnosis and treatment
6. Manuscript Identifying Number (if you know it)
02693283

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

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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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Section 6. Disclosure Statement

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Dr. Krogsgaard has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Finn Elkjær
2. Surname (Last Name)
Johannsen
3. Date
25-October-2017
4. Are you the corresponding author? Yes No
Corresponding Author's Name
Michael Rindom Krogsgaard
5. Manuscript Title
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Dr. Johannsen has nothing to disclose.

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1. Given Name (First Name) Martin
2. Surname (Last Name) Rathcke
3. Date 25-October-2017
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Corresponding Author's Name
Michael Rindom Krogsgaard
5. Manuscript Title
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Jonathan Jetsmark
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Bjerre
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