ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.
2. The work under consideration for publication.
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Claus Ol
2. Surname (Last Name) Hansen
3. Date 30-June-2014

4. Are you the corresponding author? ☑ No
   Corresponding Author's Name Mads Emil Jacobsen

5. Manuscript Title
   Testing Basic Competency in Knee Arthroscopy Using a Virtual Reality Simulator: Exploring Validity and Reliability

6. Manuscript Identifying Number (if you know it)

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Section 6. Disclosure Statement

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Dr. Hansen has nothing to disclose.

Evaluation and Feedback

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Royalties: Funds are coming in to you or your institution due to your patent
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Section 1. Identifying Information

1. Given Name (First Name) Lars
2. Surname (Last Name) Konge
3. Date 30-June-2014
4. Are you the corresponding author? ☑ No
   Corresponding Author’s Name Mads Emil Jacobsen
5. Manuscript Title Testing Basic Competency in Knee Arthroscopy Using a Virtual Reality Simulator: Exploring Validity and Reliability
6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Konge has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Mads Emil
2. Surname (Last Name)  Jacobsen
3. Date  29-June-2014
4. Are you the corresponding author?  ✔ Yes  ☐ No
5. Manuscript Title
Testing Basic Competency in Knee Arthroscopy Using a Virtual Reality Simulator: Exploring Validity and Reliability

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Morten Jon

2. Surname (Last Name)  
   Andersen

3. Date  
   15-June-2014

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

   Corresponding Author’s Name  
   Mads Emil Jacobsen

5. Manuscript Title  
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Dr. Andersen has nothing to disclose.

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