

# ICMJE DISCLOSURE FORM

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**Date:** 20. januar 2022

**Your name:** Karen Toftdahl Bjørnholdt

**Manuscript title:** Problems in self-management of analgesics after outpatient shoulder surgery

**Manuscript number (if known):**

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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		Health Research Fund of Central Denmark Region	Funding for the original study (reference 17) from where the data of the current study is extracted.
		Family Hede Nielsen Foundation	Funding for the original study (reference 17) from where the data of the current study is extracted.
		Danish Rheumatism Association	Funding for the original study (reference 17) from where the data of the current study is extracted.
		Augustinusfonden	Funding for the original study (reference 17) from where the data of the current study is extracted.

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**Date:** 20. januar 2022

**Your name:** Lone Dragnes Brix

**Manuscript title:** Problems in self-management of analgesics after outpatient shoulder surgery

**Manuscript number (if known):**

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