

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Inger N.	2. Surname (Last Name) Sierevelt	3. Date 06-January-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sjoerd Rutten
5. Manuscript Title ENHANCEMENT OF BONE HEALING BY LOW-INTENSITY PULSED ULTRASOUND: A SYSTEMATIC REVIEW AND META-ANALYSIS OF RANDOMIZED CONTROLLED TRIALS		
6. Manuscript Identifying Number (if you know it)		

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Dr. Sierevelt has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Michel P. J.

2. Surname (Last Name)

van den Bekerom

3. Date

06-January-2015

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Sjoerd Rutten

5. Manuscript Title

ENHANCEMENT OF BONE HEALING BY LOW-INTENSITY PULSED ULTRASOUND: A SYSTEMATIC REVIEW AND META-ANALYSIS OF RANDOMIZED CONTROLLED TRIALS

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1. Given Name (First Name)
Sjoerd

2. Surname (Last Name)
Rutten

3. Date
06-January-2015

4. Are you the corresponding author? Yes No

5. Manuscript Title
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Petrus

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Nolte

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Corresponding Author's Name
S Rutten

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