

INSTRUCTIONS:

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Each author should submit a separate form. Provide complete information and double-check the manuscript number. If you are NOT the corresponding author please insert his or her name.

2. The work under consideration for publication.

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4. Financial relationships involving your spouse or partner or your children (under 18 years of age).

If monies from the types of relationships listed in Section 3 were paid to your spouse or partner or dependent children, please list the type of activity and source of the money.

5. Nonfinancial associations.



Section 1. Identifying Information.

Given Name: (or first)	Agnet	e Skovlund	Surname: (or last)	Dissing	Effective Date:	06-April-2010
	e corres	sponding author? [0	Format exam	ple: 07-August-2008
Manuscript Ti	itle:	iender Differences i	n Risk Behavior	for Eating Disorders among Med	lical Students	
Manuscript Id	lentify	ing Number (if yo	ou know it): [.			

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\mathbf{X}	No
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Yes, specify nature of compensation

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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
Board membership	\boxtimes					$Del \times$
	1	1	•		1	Add +
Consultancy	\boxtimes					$\text{Del} \times$
						Add +
Employment	\boxtimes					$\text{Del} \times$
						Add +
Expert testimony	\boxtimes					Del ×
				•	•	Add +



Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your institution	Entity	Comments	
Gifts	\boxtimes					$\text{Del} \times$
						Add +
Grants/grants pending	\boxtimes					$\text{Del} \times$
		1	1		1	Add +
Honoraria	\boxtimes					$\text{Del} \times$
		1	1		1	Add +
Payment for manuscript preparation	\boxtimes					$\text{Del} \times$
			1		1	Add +
Patents (planned, pending or issued)	\boxtimes					$\text{Del} \times$
			1			Add +
Royalties	\boxtimes					Del ×
						Add +
Payment for development of educational presentations including service on speakers' bureaus	\boxtimes					Del ×
						Add +
Stock/stock options	\boxtimes					Del ×
			1			Add +
Travel/accommodations expenses covered or reimbursed	\boxtimes					Del ×
						Add +
Other (err on the side of full disclosure)	\boxtimes					Del ×
						Add +



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Given Name: (or first)	Nanna Hasle	Surname: (or last)	Bak		Effective Date:	
Are you the	e corresponding author?	Yes N	Jo		Format examp	ple: 07-August-2008
Corresponding	g author's name: Agn	ete Skovlund Dis	ssing			
Manuscript T	itle: Gender Difference	s in Risk Behavior	for Eating Disorders	among Med	ical students	
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Consultancy	\boxtimes					Del ×
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Employment	\boxtimes					Del ×
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						Add +
Gifts	\boxtimes					$\text{Del} \times$
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Grants/grants pending	\boxtimes					$\text{Del} \times$
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Honoraria	\boxtimes					Del ×
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Given Name: (or first)	Laura Toftegaard	Surname: (or last)	Pedersen	Effective Date:			
Are you the	e corresponding author? [Yes 🛛 N	Jo	- Format exam	ple: 07-August-2008		
Correspondin	Corresponding author's name: Agnete Skovlund Dissing						
Manuscript T	itle: Gender Differences i	n Risk Behavior	for Eating Disorders among Me	dical Students			
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Given Name: (or first)	Birgit	Surname: (or last)	Petersson	Effective Date:	
Are you the	e corresponding auth	or? 🗌 Yes 🛛 N	lo	Format exam	ple: 07-August-2008
Corresponding	g author's name:	Agnete Skovlund Dis	sing		
Manuscript T	itle: Gender Differer	nces in Risk Behavior	for Eating Disorders an	nong Medical Students	
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Expert testimony	\boxtimes					$\text{Del} \times$
		•				Add +
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