

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in four parts.

1. Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

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Section 1. Identifying Information

1. Given Name (First Name) Helle 2. Surname (Last Name) Bardal 3. Effective Date (07-August-2008) 23-October-2012

4. Are you the corresponding author? Yes No Corresponding Author's Name Soren Dalsgaard

5. Manuscript Title Optimeret udredning og behandling af voksne med Attention-Deficit/Hyperactivity Disorder

6. Manuscript Identifying Number (if you know it) _____

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| | | |
|---|---|---|
| 1. Given Name (First Name) Marianne | 2. Surname (Last Name) Balslev | 3. Effective Date (07-August-2008) 23-October-2012 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Soren Dalsgaard |
| 5. Manuscript Title Optimeret udredning og behandling af voksne med Attention-Deficit/Hyperactivity Disorder | | |
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| 1. Given Name (First Name) Anja Maria | 2. Surname (Last Name) Færløv | 3. Effective Date (07-August-2008) 23-October-2012 |
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