

## 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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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Charlotte

2. Surname (Last Name)  
Andersen

3. Date  
03-November-2013

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Antipsykotika til behandling af delir i hospitalsregi?

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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Dr. Andersen has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Eva

2. Surname (Last Name)

Sædder

3. Date

04-November-2013

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Charlotte U. Andersen

5. Manuscript Title

Antipsykotika til behandling af delir i hospitalsregi?

6. Manuscript Identifying Number (if you know it)

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Dr. Sædder has nothing to disclose.

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1. Given Name (First Name)  
Karol

2. Surname (Last Name)  
Dabrowski

3. Date  
03-November-2013

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Charlotte Uggerhøj Andersen

5. Manuscript Title  
Antipsykotika til behandling af delir i hospitalsregi?

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### Section 1. Identifying Information

1. Given Name (First Name)  
Lene

2. Surname (Last Name)  
Høimark

3. Date  
04-November-2013

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Charlotte Uggerhøj Andersen

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)

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Dr. Høimark has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) kenneth brandt

2. Surname (Last Name) hansen

3. Date 11-November-2013

4. Are you the corresponding author?  Yes  No Corresponding Author's Name charlotte uggerhøj andersen

5. Manuscript Title Antipsykotika til behandling af delir i hospitalsregi?

6. Manuscript Identifying Number (if you know it) \_\_\_\_\_

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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Bristol Myers Squibb	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	lectures, advisory board
Astra-Zeneca	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	lectures
Pfizer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	lecture

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Dr. hansen reports personal fees from Bristol Myers Squibb, personal fees from Astra-Zeneca, personal fees from Pfizer, outside the submitted work.

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