

Form for Disclosure of Potential Conflicts of Interest

purpose of this form is to provide readers of your manuscript with information about your other interests that could affect 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 six parts.

Part 1: Identifying information.

Part 1: Identifying information for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the "Case" from the initial conception and planning to the present. The requested information is about resources that you received, directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party—that is, the work was supported by funds from the same institution that your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government-granting agency, charitable foundation or commercial sponsor, check.

Part 2: Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the biomedical arena that could be perceived to influence, or that the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostics, or therapeutic strategies in cancer research, not just in the area of EGFR or lung cancer.

All sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to the work of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the sponsor of the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

Items you have received for work outside the submitted work, you should disclose ONLY from entities that could be considered to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved, the funding was provided by a pharmaceutical company, you need only list the pharmaceutical company.

Part 3: Intellectual Property.

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

Part 4: Relationships not covered above.

This section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of influencing, what you wrote in the submitted work.

Part 5: Situations.

This section asks about situations that could be perceived to influence, or that give the appearance of influencing, what you wrote in the submitted work.

A grant from an entity, generally (but not always) paid to your institution, etc.

A fee: Money paid to you for services rendered, generally speaking, or fees for consulting, lectures, speakers' bureaus, advisory, employment or other affiliations.

Financial Support: Examples include drug/equipment provided by the entity, travel paid by the entity, writing assistance, etc.

Other: Anything not covered under the previous three boxes.

Pending: The patent has been filed but not issued.

Issued: The patent has been issued by the agency.

Licensed: The patent has been licensed to an entity, whether

receiving royalties or not.

Royalties: Funds are coming in to you or your institution due to your

patent.

Form for Disclosure of Potential Conflicts of Interest

1. Given Name (Last Name)
Friedrik

2. Surname (Last Name)
Thomsen

3. Date
20-June-2013

4. Are you the corresponding author? Yes No

5. Manuscript Title
Kronikk om stress og utmattethet

6. Manuscript Identifying Numbers (if you know it)
LFL-02-13-0115-B1

Did you or your institution, at any time receive payment or services from a third party (government, commercial, private, foundation, or any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manual for preparation of statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you are clicking the "Add + " box. You should report relationships that were present during the 36 months prior to publication.

Are there any relevant conflicts of interest? Yes No

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

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Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- Yes, the following relationships/conditions/circumstances are present (explain below):
- No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

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Dr. Thomson has nothing to disclose

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Relationships Not Covered Above

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ICMJE Form for Disclosure of Potential Conflicts of Interest

1. Author Name (First Name)
HETTE LIND

2. Has your manuscript been published?
 Yes No

3. Manuscript Title
KEY USE MONITORING UTILIZATION

4. Manuscript Identifying Number (if you already have one)
UFL-02-13-0115.01

5. Did you or your institution at any time receive payment or an honorarium from a third party (employer, contractor, private foundation, or other entity) or the submission work (including but not limited to grants, the manuscript itself, study design, manuscript preparation, manuscript preparation, etc.)?
 Are there any relevant conflicts of interest? Yes No

6. Please check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount or compensation) with entities as described in the table below. Check one box for each entity, until no more boxes are provided by checking the "Add + " box. You should report relationships that were present during the 36 months prior to publication. Are there any relevant conflicts of interest? Yes No

7. Do you have any interests, whether planned, pending or actual, financially related to this work? Yes No

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24/6 2013

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