

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)
Bjarke

2. Surname (Last Name)
Askaa

3. Date
2014-9.-4.

4. Are you the corresponding author? Yes No

5. Manuscript Title
Fra medicin til misbrug "Badesalt og Bomber"

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name)
Bjarke

2. Surname (Last Name)
Askaa

3. Date
28-July-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title
Udviklingen fra lægemiddel til rusmiddel

6. Manuscript Identifying Number (if you know it)

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Bjarke Askaa (MD) has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Lotte C.G.

2. Surname (Last Name)
Hoegberg

3. Date
28-July-2014

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Bjarke Askaa

5. Manuscript Title
Udviklingen fra lægemiddel til rusmiddel

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Dr. Hoegberg has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Henrik

2. Surname (Last Name)

Horwitz

3. Date

28-July-2014

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Yes No

Corresponding Author's Name

Bjarke Askaa

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Gesche

2. Surname (Last Name)
Jürgens

3. Date
28-July-2014

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Yes No

Corresponding Author's Name
Bjarke Askaa

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Vidar-André

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Wøien

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28-July-2014

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5. Manuscript Title

Udviklingen fra lægemiddel til rusmiddel

6. Manuscript Identifying Number (if you know it)

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

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Vidar-André Wøien (MD) has nothing to disclose.

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