

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Camilla

2. Surname (Last Name)
Blindbæk Skovgaard

3. Date
24-November-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Jeppe Holm Larsen

5. Manuscript Title
Sammenhæng mellem apopleksi og efterfølgende risiko for selvmord

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Section 6. Disclosure Statement

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Dr. Blindbæk Skovgaard has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Jeppe

2. Surname (Last Name)
Holm

3. Date
24-November-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title
Sammenhængen mellem apopleksi og efterfølgende risiko for selvmord

6. Manuscript Identifying Number (if you know it)

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Dr. Holm has nothing to disclose.

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1. Given Name (First Name)
Elsebeth Nylev

2. Surname (Last Name)
Stenager

3. Date
27-August-1956

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Jeppe Holm

5. Manuscript Title

Sammenhæng mellem apopleksi og efter-følgende risiko for selvmord.

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1. Given Name (First Name) Egon	2. Surname (Last Name) Stenager	3. Date 24-November-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jeppe Holm
5. Manuscript Title Sammehæng mellem apopleksi og efterfølgende risiko for selvmord		
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