

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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2. The work under consideration for publication.

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Hans Christian Brix

2. Surname (Last Name)
Nørgaard

3. Date
28-June-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
Overvægt og fedme hos psykisk syge - en multifaktoriel udvikling fordrer en kompleks behandling

6. Manuscript Identifying Number (if you know it)

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Section 6. Disclosure Statement

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Dr. Nørgaard has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)

Merete

2. Surname (Last Name)

Birk

3. Date

28-June-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Hans Christian Brix Nørgaard

5. Manuscript Title

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1. Given Name (First Name) Helene	2. Surname (Last Name) Speyer	3. Date 28-June-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hans Christian Brix Nørgaard
5. Manuscript Title Overvægt og fedme hos psykisk syge - en multifaktoriel udvikling fordrer en kompleks behandling		
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Ane

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Storch Jakobsen

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Corresponding Author's Name

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