

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence 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.

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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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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)

Anja Friis

2. Surname (Last Name)

Elliott

3. Date

07-April-2016

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Kognitive vanskeligheder efter depressionen er invaliderende for patienter

6. Manuscript Identifying Number (if you know it)

UFL-02-16-0128

Section 2. The Work Under Consideration for Publication

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.)?

Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Miss Elliott has nothing to disclose.

Evaluation and Feedback

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ICMJJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Morten Dvoracek

2. Surname (Last Name)
Hell

3. Date
07-April-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
Kognitive vanskeligheder efter depressionen er invaliderende for patienter

6. Manuscript Identifying Number (if you know it)
UFL-02-16-0128

Section 2. The Work Under Consideration for Publication

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Mr. Hell has nothing to disclose.

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1. Given Name (First Name)
Abigail

2. Surname (Last Name)
Sheldrick-Michel

3. Date
07-April-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
Kognitive vanskeligheder efter depressionen er invaliderende for patienter

6. Manuscript Identifying Number (if you know it)
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Dr. Sheldrick-Michel has nothing to disclose.

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Bent

2. Surname (Last Name)
Nielsen

3. Date
07-April-2016

4. Are you the corresponding author? Yes No

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