

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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2. The work under consideration for publication.

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4. Intellectual Property.

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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)
Britt

2. Surname (Last Name)
Morthorst

3. Date
13-March-2017

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
En ung kvindes selvmord (Leder på baggrund af artiklen Intenderet suicidium med cyclizin; kausastik)

6. Manuscript Identifying Number (if you know it)
Id nr.: 464482

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Section 6. Disclosure Statement

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Dr. Morthorst has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Annette	2. Surname (Last Name) Erlangsen	3. Date 13-March-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Britt R Morthorst
5. Manuscript Title En ung kvindes selvmord		
6. Manuscript Identifying Number (if you know it) _____		

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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Section 4. Intellectual Property -- Patents & Copyrights

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Section 6.

Disclosure Statement

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Dr. Erlangsen has nothing to disclose.

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1. Given Name (First Name)

Kim Peder

2. Surname (Last Name)

Dalhoff

3. Date

13-March-2017

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Britt Morthorst

5. Manuscript Title

En ung kvindes selvmord

6. Manuscript Identifying Number (if you know it)

Id nr.: 464482

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1. Given Name (First Name)
Merete

2. Surname (Last Name)
Nordentoft

3. Date
13-March-2017

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☐ Yes ☒ No

Corresponding Author's Name
Britt Morthorst

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