

## ICMJJE 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) Lars Martin	2. Surname (Last Name) Nielsen	3. Date 23-March-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Søren Bøgevig
5. Manuscript Title Farmakologisk behandling af GHB - abstinenssyndromet		
6. Manuscript Identifying Number (if you know it) UFL-08-16-0604		

### 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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Dr. Nielsen 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)

Niels August Willer

2. Surname (Last Name)

Strand

3. Date

23-March-2017

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Søren Bøgevig

5. Manuscript Title

Farmakologisk behandling af GHB-abstinenssyndromet

6. Manuscript Identifying Number (if you know it)

UFL-08-16-0604

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Dr. Strand has nothing to disclose.

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1. Given Name (First Name)

Tonny Studsgaard

2. Surname (Last Name)

Petersen

3. Date

23-March-2017

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Søren Bøgevig

5. Manuscript Title

Farmakologisk behandling af GHB-abstinenssyndromet

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1. Given Name (First Name)  
Søren

2. Surname (Last Name)  
Bøgevig

3. Date  
23-March-2017

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