

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)
Signe

2. Surname (Last Name)
Dunker Svendsen

3. Date
07-May-2018

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Klaus Martiny

5. Manuscript Title
Psykiatri og døgnrytmer

6. Manuscript Identifying Number (if you know it)

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Dr. Dunker Svendsen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Mette

2. Surname (Last Name)
Kragh

3. Date
24-April-2018

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Klaus Martiny

5. Manuscript Title
Psykiatri og døgnrytmer

6. Manuscript Identifying Number (if you know it)

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Dr. Kragh has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Ida

2. Surname (Last Name)
Hageman

3. Date
30-April-2018

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Klaus MARTinyPsykiatri og Døgnrytmer

5. Manuscript Title
Psykiatri og døgnrytmer

6. Manuscript Identifying Number (if you know it)

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Dr. Hageman has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Helle Østergaard

2. Surname (Last Name)

Madsen

3. Date

23-April-2018

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Klaus Martiny

5. Manuscript Title

Psykiatri og døgnrytmer

6. Manuscript Identifying Number (if you know it)

UFL-04-18-0278

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Section 1. Identifying Information

1. Given Name (First Name) Carlo	2. Surname (Last Name) Volf	3. Date 27-April-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Corresponding Author's Name _____		
5. Manuscript Title Psykiatri og døgnrytmer		
6. Manuscript Identifying Number (if you know it) _____		

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1. Given Name (First Name)
Klaus

2. Surname (Last Name)
Martiny

3. Date
17-April-2018

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

5. Manuscript Title
Psykiatri og døgnrytmer

6. Manuscript Identifying Number (if you know it)

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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.)?

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Dr. Martiny has nothing to disclose.

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