

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.

1. Identifying information.

2. The work under consideration for publication.

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3. Relevant financial activities outside the submitted work.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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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) Helle	2. Surname (Last Name) Enggaard	3. Date 22-February-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Flemming Mørkeberg Nilsson
5. Manuscript Title Paranoide tilstande og skizofreni spektrum lidelser hos ældre: diagnostik og behandling		
6. Manuscript Identifying Number (if you know it) UFL-12-17-0943		

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 6. Disclosure Statement

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

Dr. Enggaard has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)

Thilde Noe

2. Surname (Last Name)

Sørensen

3. Date

22-February-2018

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Flemming Mørkeberg Nilsson

5. Manuscript Title

Paranoide tilstande og skizofreni spektrum lidelser hos ældre: diagnostik og behandling

6. Manuscript Identifying Number (if you know it)

UFL-12-17-0943

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1. Given Name (First Name)
Flemming

2. Surname (Last Name)
Nilsson

3. Date
21-February-2018

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

5. Manuscript Title
Paranoide tilstande og skizofreni spektrum lidelser hos ældre: diagnostik og behandling

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