

## ICMJE 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) Hanne	2. Surname (Last Name) Schultz	3. Date
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Tina Bergmann Futtrup
5. Manuscript Title Psychotropic Medication in an Elderly Population in Denmark		
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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Dr. Schultz has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Anne Kathrine

2. Surname (Last Name)

Helnæs

3. Date

23-April-2014

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Tina Bergmann Futtrup

5. Manuscript Title

Psychotropic Medication in an Elderly Population in Denmark

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

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Dr. Helnæs has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)

*Lene Ørskov*

2. Surname (Last Name)

*Reuther*

3. Date

*24.04.14*

4. Are you the corresponding author?

☐ Yes

☒ No

5. Manuscript Title

*Psychotropic medication in an elderly population in DK*

6. Manuscript Identifying Number (if you know it)

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### Section 1. Identifying Information

1. Given Name (First Name)  
Margit

2. Surname (Last Name)  
Jensen

3. Date  
22-April-2014

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name  
M.D.Tina Bergmann Futtrup

5. Manuscript Title  
Psychotropic Medication in an Elderly Population in Denmark

6. Manuscript Identifying Number (if you know it)

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Dr. Jensen has nothing to disclose.

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1. Given Name (First Name)

Tina Bergmann

2. Surname (Last Name)

Futtrup

3. Date

12-December-2013

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Psychotropic Medication in an Elderly Population in Denmark

6. Manuscript Identifying Number (if you know it)

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Dr. Futtrup has nothing to disclose.

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