

## 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)  
Kirsten Wiese

2. Surname (Last Name)  
Simonsen

3. Date  
20-May-2015

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Fatal poisoning among drug addicts in Denmark in 2012

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.)?

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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Kirsten Wiese Simonsen 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) Dorte	2. Surname (Last Name) Jensen Christoffersen	3. Date 01-June-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kirsten Wiese Simonsen
5. Manuscript Title Fatal poisoning among drug addicts in Denmark in 2012		
6. Manuscript Identifying Number (if you know it) UFL-05-15-0454		

### 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. Jensen Christoffersen has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name) Jytte	2. Surname (Last Name) Banner	3. Date 01-June-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kirsten Wiese Simonsen
5. Manuscript Title Fatal poisoning among drug addicts in Denmark in 2012		
6. Manuscript Identifying Number (if you know it) UFL-05-15-0454		

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Dr. Banner 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)

Kristian

2. Surname (Last Name)

Linnet

3. Date

08-June-2015

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Kirsten Wiese Simonsen

5. Manuscript Title

Fatal poisoning among drug addicts in Denmark in 2012

6. Manuscript Identifying Number (if you know it)

UFL-05-15-0454

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Dr. Linnet has nothing to disclose.

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1. Given Name (First Name)  
Ljubica

2. Surname (Last Name)  
Vukelic Andersen

3. Date  
02-June-2015

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Kirsten Wiese Simonsen

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
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Dr. Vukelic Andersen has nothing to disclose.

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