



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) *Jens Knud* 2. Surname (Last Name) *Larsen* 3. Effective Date (07-August-2008)
15-August-2012
4. Are you the corresponding author? Yes No Corresponding Author's Name
Amfred
5. Manuscript Title
Symptom reduction following brief, intensive CBT-based psychiatric aftercare for early discharged non-psychotic patients
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 for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration for Publication						
Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X ADD
2. Consulting fee or honorarium	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X ADD
3. Support for travel to meetings for the study or other purposes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X ADD
5. Payment for writing or reviewing the manuscript	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X ADD
6. Provision of writing assistance, medicines, equipment, or administrative support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X



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The Work Under Consideration for Publication						
Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
7. Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
						ADD
						X
						ADD

* This means money that your institution received for your efforts on this study.
** Use this section to provide any needed explanation.

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

Relevant financial activities outside the submitted work						
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Biostatistics Squibb</i>		
						X
						ADD
2. Consultancy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
						X
						ADD
3. Employment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
						X
						ADD
4. Expert testimony	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
						X
						ADD
5. Grants/grants pending	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
						X
						ADD
6. Payment for lectures including service on speakers bureaus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
						X
						ADD
7. Payment for manuscript preparation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
						X

Larsen



ICMJE Form for Disclosure of Potential Conflicts of Interest

Relevant financial activities outside the submitted work						
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
8. Patents (planned, pending or issued)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			ADD
9. Royalties	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
10. Payment for development of educational presentations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			ADD
11. Stock/stock options	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
12. Travel/accommodations/meeting expenses unrelated to activities listed**	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bristol Myers Squibb AstraZeneca		ADD
13. Other (err on the side of full disclosure)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD

* This means money that your institution received for your efforts.

** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.

Section 4. Other relationships

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- No other relationships/conditions/circumstances that present a potential conflict of interest
- Yes, the following relationships/conditions/circumstances are present (explain below):

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Hide All Table Rows Checked 'No'

SAVE

15/12

Larsen

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) *Mania* 2. Surname (Last Name) *Nilsson* 3. Effective Date (07-August-2008)
15-August-2012
4. Are you the corresponding author? Yes No Corresponding Author's Name
Amped
5. Manuscript Title
Symptom reduction following brief, intensive CBT-based psychiatric aftercare for early discharged non-psychotic patients
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2. Consulting fee or honorarium	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X ADD
3. Support for travel to meetings for the study or other purposes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X ADD
5. Payment for writing or reviewing the manuscript	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X ADD
6. Provision of writing assistance, medicines, equipment, or administrative support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X

Nilsson

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7. Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="button" value="ADD"/> <input type="button" value="X"/> <input type="button" value="ADD"/>

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Relevant financial activities outside the submitted work						
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="button" value="X"/> <input type="button" value="ADD"/>
2. Consultancy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="button" value="X"/> <input type="button" value="ADD"/>
3. Employment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="button" value="X"/> <input type="button" value="ADD"/>
4. Expert testimony	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="button" value="X"/> <input type="button" value="ADD"/>
5. Grants/grants pending	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="button" value="X"/> <input type="button" value="ADD"/>
6. Payment for lectures including service on speakers bureaus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="button" value="X"/> <input type="button" value="ADD"/>
7. Payment for manuscript preparation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="button" value="X"/>

Wilson



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8. Patents (planned, pending or issued)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			ADD
						X
						ADD
9. Royalties	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
10. Payment for development of educational presentations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
11. Stock/stock options	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
12. Travel/accommodations/meeting expenses unrelated to activities listed**	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
13. Other (err on the side of full disclosure)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
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Hide All Table Rows Checked 'No'

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Sidse
2. Surname (Last Name)
Arnfred
3. Effective Date (07-August-2008)
15-August-2012
4. Are you the corresponding author? Yes No
5. Manuscript Title
Symptom reduction following brief, intensive CBT-based psychiatric aftercare for early discharged non-psychotic patients
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						ADD
2. Consulting fee or honorarium	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
3. Support for travel to meetings for the study or other purposes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
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						ADD
5. Payment for writing or reviewing the manuscript	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
6. Provision of writing assistance, medicines, equipment, or administrative support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X

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3. Employment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<div style="text-align: right;"> X ADD </div>
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6. Payment for lectures including service on speakers bureaus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<div style="text-align: right;"> X ADD </div>
7. Payment for manuscript preparation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<div style="text-align: right;"> X </div>



15/8 2012



ICMJE

INTERNATIONAL COMMITTEE of
MEDICAL JOURNAL EDITORS

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						X
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						ADD
10. Payment for development of educational presentations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
11. Stock/stock options	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
12. Travel/accommodations/meeting expenses unrelated to activities listed**	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
13. Other (err on the side of full disclosure)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD

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