

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.

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Royalties: Funds are coming in to you or your institution due to your

patent



| Section 1. | lentifying Inform | ation | | |
|---|----------------------|--------------------------------|----------------------------|--------------------|
| 1. Given Name (First N Franciso | | 2. Surname (Last Name) Alberdi | | 3. Date 26.09.2018 |
| 4. Are you the corresp | onding author? | ✓ Yes No | | |
| 5. Manuscript Title Psykodynamisk psykoterapi ved skizofren-spektrum tilstande. Teori, forskning og pra | | | | |
| 6. Manuscript Identifying Number (if you know it) UFL-03-18-0194 | | | | |
| Section 2 | | | | |
| Section 2. The | ne Work Under Co | onsideration for Public | ation | |
| 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 | | | | |
| Section 3. | elevant financial a | activities outside the s | ubmitted 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 publication . Are there any relevant conflicts of interest? Yes No | | | | |
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| Do you have any par | tents, whether planr | ned, pending or issued, br | oadly relevant to the work | ? Yes V No |



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Funds are coming in to you or your institution due to

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| Section . Identifying Inform | nation | |
|---|--|-------------------------------|
| Given Name (First Name) Anne | Surname (Last Name) Lindhardt | 3. Date September 30. 2018 |
| 4. Are you the corresponding author? | Yes x No | |
| 5. Manuscript Title Psykodynamisk psykoterapi ve | ed skizofreni-spektrum tilstande. Teori, | forskning og praksis |
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|---|
| 1. Given Name (First Name) 2. Surname (Last Name) 3. Date URFER PARNAS 01/10/18 |
| 4. Are you the corresponding author? Yes X No |
| 5. Manuscript Title Psykodynamisk psykoterapi ved skizofreni-spektrum tilstande. Teori, forskning og praksis |
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| Section 1. Identifying Information | | | |
|--|---|-----------------------|--|
| 1. Given Name (First Name) □ □ □ □ | 2. Surname (Last Name) ROSEN BAUM | 3. Date 28-06-2018 | |
| 4. Are you the corresponding author? | Yes No | | |
| 5. Manuscript Title PSYNODYNAMISK PSYNOTE 6. Manuscript Identifying Number (if you know the control of the con | RAPI VED SKIZOFRENI-SPEKTRUM DWIT) | TILSTANDE | |
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|---|--|--|--|
| Given Name (First Name) Ulrik: | 2. Surname (Last Name) Haahr | 3. Date 26-September-2018 | |
| 4. Are you the corresponding author? | ☐Yes ✓ No | Corresponding Author's Name Bent Rosenbaum | |
| Manuscript Title Psykodynamisk psykoterapi ved skizofreni-spektrum tilstande. Teori, forskning og praksis | | | |
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