

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Katrine

2. Surname (Last Name)
Svendsen

3. Date
24-August-2018

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Jon Arnfred

5. Manuscript Title
Danish norms for the Strengths and Difficulties Questionnaire

6. Manuscript Identifying Number (if you know it)

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Dr. Svendsen 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)
Charlotte Ulrikka

2. Surname (Last Name)
Rask

3. Date
21-August-2018

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Jon Arnfred

5. Manuscript Title
Danish norms for the Strengths and Difficulties Questionnaire

6. Manuscript Identifying Number (if you know it)

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Dr. Rask has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Pia	2. Surname (Last Name) Jeppesen	3. Date 24-August-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jon Arnfred
5. Manuscript Title Danish norms for the Strengths and Difficulties Questionnaire		
6. Manuscript Identifying Number (if you know it)		

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Dr. Jeppesen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Lotte	2. Surname (Last Name) Fensbo	3. Date 21-August-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jon Arnfred
5. Manuscript Title Danish norms for the Strengths and Difficulties Questionnaire		
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1. Given Name (First Name) Tine	2. Surname (Last Name) Houmann	3. Date 21-August-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jon Arnfred
5. Manuscript Title Danish norms for the Strengths and Difficulties Questionnaire		
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Dr. Houmann has nothing to disclose.

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1. Given Name (First Name) Carsten	2. Surname (Last Name) Obel	3. Date 29-August-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jon Arnfred
5. Manuscript Title Danish norms for the Strengths and Difficulties Questionnaire		
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Are there any relevant conflicts of interest? Yes No

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Dr. Obel 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)

Janni

2. Surname (Last Name)

Niclasen

3. Date

21-August-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Jon Arnfred

5. Manuscript Title

Danish norms for the Strengths and Difficulties Questionnaire

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? Yes No

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Section 1. Identifying Information

1. Given Name (First Name)
Niels

2. Surname (Last Name)
Bilenberg

3. Date
23-August-2018

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Jon Arnfred

5. Manuscript Title
Danish norms for the Strengths and Difficulties Questionnaire

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Trygfonden	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 3. Relevant financial activities outside the submitted work.

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Bilenberg reports grants from Trygfonden, during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Jon

2. Surname (Last Name)

Arnfred

3. Date

09-November-2018

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Danish norms for the Strengths and Difficulties Questionnaire

6. Manuscript Identifying Number (if you know it)

UFL-09-18-0606

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