

ICMJE Form for Disclosure of Potential Conflicts of Interest

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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Section 1. Identifying Information

1. Given Name (First Name) David	2. Surname (Last Name) Højgaard	3. Date 18-October-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Per Hove Thomsen
5. Manuscript Title Obsessiv-kompulsiv lidelse (OCD) hos børn og unge - Hvad siger ny forskning om behandling?		
6. Manuscript Identifying Number (if you know it) UFL-05-18-0361		

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Are there any relevant conflicts of interest? Yes No

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Dr. Højgaard has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Judith B.	2. Surname (Last Name) Nissen	3. Date 18-October-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Per Hove Thomsen
5. Manuscript Title Obsessiv-kompulsiv lidelse (OCD) hos børn og unge - Hvad siger ny forskning om behandling?		
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Are there any relevant conflicts of interest? Yes No

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Dr. Nissen has nothing to disclose.

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1. Given Name (First Name)

Katja A

2. Surname (Last Name)

Hybel

3. Date

18-October-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Per Hove Thomsen

5. Manuscript Title

Obsessiv-kompulsiv lidelse (OCD) hos børn og unge - Hvad siger ny forskning om behandling?

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Per Hove

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Thomsen

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