

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Elisabeth	2. Surname (Last Name) Svensson	3. Date 25-February-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lone Baandrup
5. Manuscript Title Validation study of the population included in the Danish Schizophrenia Registry		
6. Manuscript Identifying Number (if you know it)		

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Dr. Svensson 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) Inge	2. Surname (Last Name) Voldsgaard	3. Date 01-May-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lone Baandrup
5. Manuscript Title Validation study of the population included in the Danish Schizophrenia Registry		
6. Manuscript Identifying Number (if you know it)		

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Section 1. Identifying Information

1. Given Name (First Name)
Lea

2. Surname (Last Name)
Haller

3. Date
29-April-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Lone Baandrup

5. Manuscript Title
Validation study of the population included in the Danish Schizophrenia Registry

6. Manuscript Identifying Number (if you know it)

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Lone

2. Surname (Last Name)
Baandrup

3. Date
23-February-2019

4. Are you the corresponding author? Yes No

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