

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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4. Intellectual Property.

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

5. Relationships not covered above.

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Abir Khalil	2. Surname (Last Name) Bchtawi	3. Date 05-December-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Øjvind Lidegaard
5. Manuscript Title Hormonel kontraception, depression og selvmord - et nyt perspektiv		
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 (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. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Section 6. Disclosure Statement

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Dr. Bchtawi has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Bashayir Said Muse	2. Surname (Last Name) Issa	3. Date 05-December-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Øjvind Lidegaard
5. Manuscript Title Hormonel kontraception, depression og selvmord - et nyt perspektiv		
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Dr. Issa has nothing to disclose.

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1. Given Name (First Name)
Ella Fabricius
2. Surname (Last Name)
Jørgensen
3. Date
06-December-2019
4. Are you the corresponding author? Yes No Corresponding Author's Name
5. Manuscript Title
Hormonel kontraception, depression og selvmord - et nyt perspektiv
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Stud. Med. Jørgensen has nothing to disclose.

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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Novo Nordisk Fonden (2016)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PhD grant for Charlotte SKovlund
Institutional grant fro Bayer AG	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	For supplementary researcy for EMA

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Dr. Lidegaard reports grants from Novo Nordisk Fonden (2016), grants from Institutional grant fro Bayer AG, outside the submitted work; .

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