



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Benjamin

2. Surname (Last Name)
Arnfred

3. Date
29-June-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Daniel Thaysen-Petersen

5. Manuscript Title
Kan Virtual Reality innovere Dansk psykiatri?

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.

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

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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- No other relationships/conditions/circumstances that present a potential conflict of interest

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Dr. Arnfred has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Daniel

2. Surname (Last Name)
Thaysen-Petersen

3. Date
29-June-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Kan Virtual Reality innovere Dansk psykiatri

6. Manuscript Identifying Number (if you know it)
UFL-04-20-0202

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Dr. Thaysen-Petersen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Signe
2. Surname (Last Name)
Wegmann Düring
3. Date
06-July-2020
4. Are you the corresponding author? Yes No
Corresponding Author's Name
Daniel Thaysen-Petersen
5. Manuscript Title
Kan Virtual Reality innovere Dansk psykiatri
6. Manuscript Identifying Number (if you know it)
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Dr. Wegmann Düring has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Anders

2. Surname (Last Name)
Fink-Jensen

3. Date
06-July-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Daniel Thaysen-Petersen

5. Manuscript Title
Kan Virtual Reality innovere Dansk psykiatri

6. Manuscript Identifying Number (if you know it)
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Section 1. Identifying Information

1. Given Name (First Name)
Merete

2. Surname (Last Name)
Nordentoft

3. Date
06-July-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Daniel Thaysen-Petersen

5. Manuscript Title
Kan Virtual Reality innovere Dansk psykiatri

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