Date	e: 18. august 2021		
You	r name: Christian Stefan	Legind	
Mar	nuscript title: Digital	innovation i psykiatrien give	r nye perspektiver
Mar	nuscript number (if known)): 05-21-0394	
are re third comr list a The f	elated to the content of you parties whose interests ma nitment to transparency ar relationship/activity/intere	ur manuscript. "Related" ay be affected by the cont nd does not necessarily in est, it is preferable that yo	relationships/activities/interests listed below that means any relation with for-profit or not-for-profit tent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so. Disclosivities/interests as they relate to the current
perta antih In ite	ins to the epidemiology of ypertensive medication, ev	hypertension, you should yen if that medication is no oort for the work reported	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript. d in this manuscript without time limit. For all months.
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time	e frame: Since the initial plan		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this	None None	
	item.		
			Click TAB in last row to add extra rows
Time	e frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None Non	

4	Consulting fees	None Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus,	None Non	
	manuscript writing or educational events		
6	Payment for expert testimony	⊠ None	
	testimony		
7	Support for attending meetings and/or travel	⊠ None	
	meetings und/or traver		
8	Patents planned, issued or	None Non	
	pending		
9	Participation on a Data	None Non	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary	□ None	
	role in other board, society, committee or		Formand for Udvalg for Digital Innovation under Dansk Psykiatrisk Selskab
	advocacy group, paid or unpaid		
11	Stock or stock options	None Non	
12	Receipt of equipment,	⊠ None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-		
	financial interests		

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date	9. august 2021		
You	r name : Bjørn H Ebdrup		
Mar	nuscript title: Digita	al innovation i psykiat	rien giver nye perspektiver
Mar	nuscript number (if known)) : n/a	
are re third comr list a The f	elated to the content of yo parties whose interests ma nitment to transparency ar relationship/activity/intere	ur manuscript. "Related" ay be affected by the cond does not necessarily in est, it is preferable that yo	relationships/activities/interests listed below that means any relation with for-profit or not-for-profit tent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so. ps/activities/interests as they relate to the current
perta antih In ite	ins to the epidemiology of ypertensive medication, ev	hypertension, you should yen if that medication is n port for the work reporte	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript. d in this manuscript without time limit. For all months.
		Name all entities with	Charifications/Comments
		whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	All support for the present manuscript (e.g., funding,	whom you have this relationship or indicate none (add rows as needed) ning of the work	(e.g., if payments were made to you or to your
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing,	whom you have this relationship or indicate none (add rows as needed) ning of the work	(e.g., if payments were made to you or to your
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) ning of the work	(e.g., if payments were made to you or to your
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this	whom you have this relationship or indicate none (add rows as needed) ning of the work	(e.g., if payments were made to you or to your
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) ning of the work	(e.g., if payments were made to you or to your institution)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	whom you have this relationship or indicate none (add rows as needed) ning of the work	(e.g., if payments were made to you or to your
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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. e frame: past 36 months Grants or contracts from	whom you have this relationship or indicate none (add rows as needed) ning of the work None	(e.g., if payments were made to you or to your institution) Click TAB in last row to add extra rows
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Time	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. e frame: past 36 months Grants or contracts from	whom you have this relationship or indicate none (add rows as needed) ning of the work None	(e.g., if payments were made to you or to your institution) Click TAB in last row to add extra rows J.nr R316-2019-191 (not relevant for current manuscript) Journal nr. R344-2020-931 (not relevant for current
Time	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from any entity (if not indicated	whom you have this relationship or indicate none (add rows as needed) Ining of the work None None	(e.g., if payments were made to you or to your institution) Click TAB in last row to add extra rows J.nr R316-2019-191 (not relevant for current manuscript)

4	Consulting fees	☑ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus,	☐ None Lundbeck Pharma A/S Boehringer Ingelheim	Lecture fee Lecture fee
	manuscript writing or educational events	Boeininger ingemeini	Lecture ree
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	None Non	
8	Patents planned, issued or pending	⊠ None	
9	Participation on a Data Safety Monitoring Board	□ None Lundbeck Pharma A/S Advisory Board	
	or Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or	⊠ None	
	advocacy group, paid or unpaid		
11	Stock or stock options	None Non	
12	Receipt of equipment, materials, drugs, medical		
	writing, gifts or other services		
10	Other flagrands land		
13	Other financial or non- financial interests	None Non	

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date	e: 10.	august 2021			
You	r name:	Simon A	Anhøj		
Mar	nuscript	title:	Digital	innovation i psykiatrien give	er nye perspektiver
Mar	nuscript	number (if	known)	: 05-21-0394	
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perta antih In ite	ains to th hyperten em #1 be	ne epidemic sive medica low, report	ology of ation, ev all supp	hypertension, you should yen if that medication is r port for the work reporte	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript. d in this manuscript without time limit. For all
other	r items,	the time fra	ame for	disclosure is the past 36 i	months.
				Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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Time	e frame:	past 36 mor	nths		
2	any ent	or contracts ity (if not inc #1 above).		None	
3	Royaltie	es or licenses	6	None Non	

4	Consulting fees	None Non	
5	Payment or honoraria for	None Non	
3	lectures, presentations,	⊠ None	
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	None Non	
	testimony		
7	Support for attending	None Non	
	meetings and/or travel		
8	Patents planned, issued or	None Non	
	pending		
9	Participation on a Data	None Non	
	Safety Monitoring Board or Advisory Board		
	or Advisory Board		
10	Leadership or fiduciary	None Non	
	role in other board,		
	society, committee or		
	advocacy group, paid or unpaid		
	unpalu		
11	Stock or stock options		
12	Receipt of equipment,	None Non	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None Non	
	financial interests		

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Please save/export the filled in form as PDF before submitting it to Ugeskrift for Læger or Danish Medical Journal.

Date: 10. august 20	21
Your name: Micha	ael Eriksen Benros
Manuscript title:	Digital innovation i psykiatrien giver nye perspektiver
Manuscript number	(if known): 05-21-0394

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

	whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
e frame: Since the initial plan	ning of the work	
All support for the present	☐ None	
manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	The Lundbeck Foundation	Unrestricted Research grant awarded to me after application to an open call on precision medicine as representative for my institution – payments are made to my institution – grant name is Precision Psychiatry Initiative (PRECISE) (grant number R278-2018-1411)
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this	relationship or indicate none (add rows as needed) e frame: Since the initial planning of the work All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this

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2	Grants or contracts from	
	any entity (if not indicated	
	in item #1 above).	

Time frame: past 36 months

2	Dougltice or licenses	EZ NI	
3	Royalties or licenses		
4	Consulting fees	⊠ None	
4	Consulting rees		
5	Payment or honoraria for	None Non	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
	Cadcational events		
6	Payment for expert	None Non	
	testimony		
7	Support for attending	⊠ None	
\	meetings and/or travel		
	moonings and/or traver		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None Non	
	Safety Monitoring Board	2.110110	
	or Advisory Board		
10	Loodorchin or fiducione	ELM	
10	Leadership or fiduciary role in other board,	None Non	
	society, committee or		
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	1 Stock or stock options		
11	Stock or stock options	☑ None	
11	Stock or stock options	⊠ None	
11	Stock or stock options	⊠ None	
11	Stock or stock options Receipt of equipment,	None None None None	
	Receipt of equipment, materials, drugs, medical		
	Receipt of equipment, materials, drugs, medical writing, gifts or other		
	Receipt of equipment, materials, drugs, medical		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
	Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	

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Dat	e : 11. august 2021		
	Ir name: Maria Faurholt-J	 Jepsen	
		innovation i psykiatrien give	er nye perspektiver
	nuscript number (if known		
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are re third comr	elated to the content of yo parties whose interests ma	our manuscript. "Related" ay be affected by the cont and does not necessarily in	relationships/activities/interests listed below that means any relation with for-profit or not-for-profit tent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so.
	following questions apply to uscript only.	o the author's relationship	ps/activities/interests as they relate to the <u>current</u>
perta	ains to the epidemiology of	hypertension, you should	defined broadly. For example, if your manuscript d declare all relationships with manufacturers of mentioned in the manuscript.
			d in this manuscript without time limit. For all
othe	r items, the time frame for	disclosure is the past 36 r	months.
othe	r items, the time frame for	Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
	r items, the time frame for	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your
	e frame: Since the initial plan	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your
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Tim	e frame: Since the initial plan All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges,	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your
Tim	e frame: Since the initial plan All support for the present manuscript (e.g., funding, provision of study materials, medical writing,	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your
Tim	e frame: Since the initial plan All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your
Tim	e frame: Since the initial plan All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges,	Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your
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Tim 1	e frame: Since the initial plan All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. e frame: past 36 months Grants or contracts from any entity (if not indicated	Name all entities with whom you have this relationship or indicate none (add rows as needed) nning of the work None None	Specifications/Comments (e.g., if payments were made to you or to your institution) Click TAB in last row to add extra rows
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4	Consulting fees	⊠ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None	
		Janssen Pharma	Chair during the WFSBP conference
		Penn State Medical School	Grand Grounds Presentation
6	Payment for expert testimony	⊠ None	
7	Support for attending meetings and/or travel	⊠ None	
8	Patents planned, issued or pending		
9	Participation on a Data Safety Monitoring Board or Advisory Board	None Non	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None Non	
11	Stock or stock options	None Non	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None Non	
13	Other financial or non-	None Non	
13		<u>⊠</u> None	
13	financial interests	⊠ None	

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