

ICMJE DISCLOSURE FORM

Date: 9/2/2021

Your Name: Sidse Arnfred

Manuscript Title: **Transdiagnostisk kognitiv adfærdsterapi til angstlidelser**

Manuscript Number (if known): UFL-05-21-0419

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.

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The author's relationships/activities/interests should be defined broadly. 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.

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	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 frame: Since the initial planning of the work								
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.	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 80%;">Professor salary from University of Copenhagen</td> <td style="width: 20%;"></td> </tr> <tr> <td>Professor salary from Mental Health Service Region Zealand</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table>	Professor salary from University of Copenhagen		Professor salary from Mental Health Service Region Zealand		Click the tab key to add additional rows.	
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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 60%;"> DIPNOT: 2020 Tryg Foundation: 3.020.465 DKK. CAR supervision for trainee psychiatrists. 2020 Tryg Foundation: 992.250 DKK Region Zealand Research Council 2018 389.000 DKK Copenhagen University Hospital 2020 1.200.000 DKK </td> <td style="width: 40%; vertical-align: top;"> Independent project grants, administered by institution </td> </tr> </table>	DIPNOT: 2020 Tryg Foundation: 3.020.465 DKK. CAR supervision for trainee psychiatrists. 2020 Tryg Foundation: 992.250 DKK Region Zealand Research Council 2018 389.000 DKK Copenhagen University Hospital 2020 1.200.000 DKK	Independent project grants, administered by institution				
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9	Participation on a Data Safety	<input checked="" type="checkbox"/> None													

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	Monitoring Board or Advisory Board								
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None <table border="1"> <tr> <td>Member of Psychotherapy Board, Danish Psychiatric Association</td> <td>unpaid</td> </tr> <tr> <td>Member of the Board, Danish Psychiatric Association</td> <td>unpaid</td> </tr> <tr> <td></td> <td></td> </tr> </table>	Member of Psychotherapy Board, Danish Psychiatric Association	unpaid	Member of the Board, Danish Psychiatric Association	unpaid			
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

Please place an "X" next to the following statement to indicate your agreement:

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

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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: Klik eller tryk for at angive en dato.

Your name: Nina Reinholt

Manuscript title: Transdiagnostisk kognitiv adfærdsterapi til angstlidelser

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

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			Senior researcher salary from Mental Health Service Region Zealand

Click TAB in last row to add extra rows

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		Member of board Network for research and quality in Psychotherapy	unpaid
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