Dat	e: 29. oktober 2021		
You	r name: Lene Falgaard E	plov	
Maı	nuscript title: Collabo	orative Care ved angst og de	pression
Mar	nuscript number (if known	):	
are re third comr list a	elated to the content of yo parties whose interests ma nitment to transparency a 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.
	uscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
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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	e frame: Since the initial plar	nning of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Grant from the ministry of health to support the Collabri and Collabri Flex project.	Grants made to The Capital Region of Denmark (Mental health) who owns the projects (Collabri and Collabri Flex).
	No time limit for this		
	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).		
3	Royalties or licenses		
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4	Consulting fees	None     Non	
5	Payment or honoraria for	None     Non	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	None	
	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		
11	Stock or stock options	₩ N	
11	Stock of Stock options	None     Non	
12	Descript of agricument	NA Name	
12	Receipt of equipment, materials, drugs, medical	None     Non	
	writing, gifts or other		
	services		
13	Other financial or non-	None     Non	
.5	financial interests	RA MOLIC	

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Dat	e: 19. oktober 2021		
You	<b>r name</b> : Nadja Kehler Cu	urth	
Mai	nuscript title: Collabo	orative Care ved angst og de	pression
Mar	nuscript number (if known	):	
are re third comr list a	elated to the content of yo parties whose interests ma nitment to transparency a relationship/activity/intere	ur manuscript. "Related" ay be affected by the cont nd does not necessarily in est, it is preferable that yo	
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perta antih In ite	nins to the epidemiology of ypertensive medication, ev	hypertension, you should ven if that medication is n port 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 plar	nning of the work	
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	No time limit for this		
	item.		
		1	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	⊠ None	
	in item #1 above).		
3	Royalties or licenses		

4	Consulting fees	None     Non	
5	Payment or honoraria for	None     Non	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None     Non	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or		
	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 advocacy group, paid or unpaid		
	unpaid		
11	Stock or stock options	None     Non	
12	Receipt of equipment,	None     Non	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-		
	financial interests		

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D	Date: Klik eller tryk for at ang	ive en dato. 28:10, 2	1
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			d angst og depression
M	lanuscript number (if know	rn):	
are thir con list The	e related to the content of y rd partles whose interests n mmitment to transparency a a relationship/activity/inte	our manuscript. "Related" nay be affected by the cor and does not necessarily in rest, it is preferable that y	I relationships/activities/interests listed below that means any relation with for-profit or not-for-profit or not-for-profit ent of the manuscript. Disclosure represents a ndicate a bias. If you are in doubt about whether to ou do so.  ps/activities/interests as they relate to the current
inti		even if that medication is r	d declare all relationships with manufacturers of not mentioned in the manuscript.
	tem #1 below, report all sup er items, the time frame fo		d in this manuscript without time limit. For all months.  Specifications/Comments (e.g., if payments were made to you or to your institution)
		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
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Tin	er items, the time frame fo	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
Tin	me frame: Since the initial pla  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
Tin	me frame: Since the initial pla  All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this	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	me frame: Since the initial pla  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	Name all entities with whom you have this relationship or indicate none (add rows as needed) nning of the work  None	Specifications/Comments (e.g., if payments were made to you or to your institution)

4	Consulting fees	⊠None
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5	Payment or honoraria for lectures, presentations,	② None
	speakers bureaus,	
	manuscript writing or	
	educational events	
6	6 Payment for expert testimony	図 None
	testimony	
7	Support for attending	⊠ None
	meetings and/or travel	
	D. C.	
8	Patents planned, issued or pending	Ş∕ None
	pending	
9	Participation on a Data	☑ None
	Safety Monitoring Board	
	or Advisory Board	
10	Leadership or fiduciary	⊠ None
	role in other board,	JA 110110
	society, committee or	
	advocacy group, paid or	
	unpaid	
11	Stock or stock options	⊠ None
11	Stock of Stuck options	△ None
12	Receipt of equipment,	⊠ None
	materials, drugs, medical	
	writing, gifts or other	
=1011	services	
13	Other financial or non-	₩None
	financial interests	

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Yo	our name: Merete Norder	itoft	
M	anuscript title: Collat	porative Care ved angst og d	epression
M	anuscript number (if know	n):	
are thir con list	related to the content of your diparties whose interests no mitment to transparency a relationship/activity/interests.	our manuscript. "Related" nay be affected by the con and does not necessarily in rest, it is preferable that yo	
	following questions apply to nuscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>
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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)
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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	⊠ None	
	No time limit for this item.		
			Click TAB in last row to add extra rows
Tim	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	

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