ICMJE DISCLOSURE FORM

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| Date: 6. februar 2024 | | | |
|-------------------------------|--|--|--|
| Your name: Pál Weihe | | | |
| Manuscript title: | Suicidal behaviour among youngsters in a suicide low-incidence | | |
| Manuscript number (if known): | | | |

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.

| | | 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) |
|-----|---|--|---|
| Tim | 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 | ⊠ None | |
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| Time frame: past 36 months | | | |
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| | | | |
| 2 Grants or contracts from any entity (if not indicated in item #1 above). | | None | |
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| | in item #1 above). | | |
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| 3 | Royalties or licenses | None Non | |
| | | | |
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| 4 | Consulting fees | None |
|----|---|-----------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None |
| 6 | Payment for expert testimony | None |
| 7 | Support for attending meetings and/or travel | None |
| 8 | Patents planned, issued or pending | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None None |
| 11 | Stock or stock options | None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None |
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| Date | e : 6. Februay 2024 | | |
|--|---|---|--|
| You | r name : Símun Johanne | sen | |
| Mar | nuscript title: Suici | dal behaviour among y | oungsters in a suicide low-incidence |
| | nuscript number (if knowr | ~ ~ ~ | 5 |
| are re third comr list a The f | elated to the content of your parties whose interests maitment to transparency a relationship/activity/inter | our 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 cent 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 | nins to the epidemiology of ypertensive medication, e | f hypertension, you should ven if that medication is no 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 pla | nning of the work | |
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