

# ICMJE DISCLOSURE FORM

**Date:** 3/28/2024

**Your Name:** Stine Norup

**Manuscript Title:** Urinretention under behandling med quetiapin i terapeutiske doser

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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# ICMJE DISCLOSURE FORM

**Date:** 3/28/2024

**Your Name:** Mette Viller Thorgaard

**Manuscript Title:** Urinretention under behandling med quetiapin i terapeutiske doser

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**Date:** 3/28/2024

**Your Name:** Sara Buttrup Rosenquist

**Manuscript Title:** Urinretention under behandling med quetiapin i terapeutiske doser

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**Date:** 3/28/2024

**Your Name:** Trine Reippuert Knudsen

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