Date:15.05.2024Your Name:Gosia Frosz NielsenManuscript Title:Children and adolescents with mental health problems, how can the collaboration between the GP and the municipality be improved?

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Mai	nuscript number (if known):	
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perta antih In ite	nins to the epidemiology of ypertensive medication, ev	hypertension, you should yen 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.
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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)
Tim	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.)	⊠ None	
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Tim	e frame: past 36 months		
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2	Grants or contracts from any entity (if not indicated in item #1 above).		
3	Royalties or licenses	None Non	

4	Consulting fees	None Non
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 None
13	Other financial or non- financial interests	None

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ains to the epidemiology of nypertensive medication, ever em #1 below, report all sup	hypertension, you should wen if that medication is no port for the work reported	I declare all relationships with manufacturers of ot mentioned in the manuscript.
r items, the time mame for	disclosure is the past 36 r	months.
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	nuscript title: Children OW Can the collabe improved? nuscript number (if known the interest of transparency, related to the content of your parties whose interests maintenent to transparency and relationship/activity/interest following questions apply the uscript only. author's relationships/activity interest only. author's relationships/activity interest only. author's relationships/activity interest only.	nuscript title: Children and adolescent ow can the collaboration between the improved? nuscript number (if known): related to the content of your manuscript. "Related" if parties whose interests may be affected by the content mitment to transparency and does not necessarily in relationship/activity/interest, it is preferable that your following questions apply to the author's relationship.

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	educational events		
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	None	
	Advisory Board		

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Dat	e: 12/05/2024		
You	r name: Susanne Reven	tlow	
hc			ts with mental health problems, the GP and the municipality
Ma	nuscript number (if known):	
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