

# ICMJE DISCLOSURE FORM

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Date: 16. juni 2023

Your name: Kimie Sletved

Manuscript title: Funktionsevne ved affektive lidelser

Manuscript number (if known): UFL-06-23-0365

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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)
<b>Time frame: Since the initial planning of the work</b>			
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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Lundbeck	Presentation at CNS-dage january 2023
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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**Date:** Klik eller tryk for at angive en dato.

**Your name:** Rasmus Schwarz

**Manuscript title:** Funktionsevne ved affektive lidelser

**Manuscript number (if known):** UFL-06-23-0365

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		AP Møller fonden	Institution
		Grosserer L.F. Foghts Fond	Institution
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4	Consulting fees	<input checked="" type="checkbox"/> None	
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		Lundbeck Pharma	Personal honoraria
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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Date: 17062023

Your name: Maj Vinberg

Manuscript title: Funktionsevne ved affektive lidelser

Manuscript number (if known): UFL-06-23-0365

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3	Royalties or licenses	<input checked="" type="checkbox"/> None	

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		Janssen Cilag	Personal honoraria
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			JanssenCilag
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Date: 16. juni 2023

Your name: Lars Vedel Kessing

Manuscript title: Funktionsevne ved affektive lidelser

Manuscript number (if known): UFL-06-23-0365

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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Teva	I have within the last three years given two scientific presentations for Teva
		Lundbeck	I have within the last three years given two scientific presentations for Lundbeck
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
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