

# ICMJE DISCLOSURE FORM

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Date: 8. december 2023

Your name: Jimmi Nielsen

Manuscript title: Kliniske overvejelser og faldgruber ved depotantipsykotika.

Manuscript number (if known): UFL-10-23-0634

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.

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The author's relationships/activities/interests should be defined broadly. 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.

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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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## Time frame: past 36 months

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

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	Lectures.
		Hemocue	Lectures.
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	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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Date: 8. december 2023

Your name: Mette Ødegaard Nielsen

Manuscript title: Kliniske overvejelser og faldgruber ved depotantipsykotika

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		Frimodt Heineken Fond	To my institution, ie RHP
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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Date: 8. december 2023

Your name: Niels August Willer Strand

Manuscript title: Kliniske overvejelser og faldgruber ved depotantipsykotika

Manuscript number (if known): UFL-10-23-0634

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		Atrium which is a part of LIF (lægemiddelindustriforeningen)	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
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