ICMJE Form for Disclosure of Potential Conflicts of Interest

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.
2. The work under consideration for publication.

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**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**Royalties:** Funds are coming in to you or your institution due to your patent
### Section 1. Identifying Information

| 1. Given Name (First Name) | Johanne |
| 2. Surname (Last Name) | Sørensen |
| 3. Date | 13-April-2015 |
| 4. Are you the corresponding author? | ✔ Yes |
| 5. Manuscript Title | Alcohol and drug use among Danish physicians. A nationwide cross-sectional study in 2014. |
| 6. Manuscript Identifying Number (if you know it) | |

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ✔ No

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Are there any relevant conflicts of interest? ✔ No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ✔ No
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Section 6. Disclosure Statement

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Dr. Sørensen has nothing to disclose.

Evaluation and Feedback

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. **Given Name (First Name)**
   - Peter
2. **Surname (Last Name)**
   - Vedsted
3. **Date**
   - 13-April-2015
4. Are you the corresponding author?  
   - Yes ✔

### Corresponding Author’s Name
- Johanne Korsdal Sørensen

5. **Manuscript Title**
   - Alcohol and drug use among Danish physicians. A nationwide cross-sectional study in 2014.

6. **Manuscript Identifying Number (if you know it)**

## Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? 

Are there any relevant conflicts of interest?  
- Yes ✔

## Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  
- Yes ✔

## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

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Dr. Vedsted has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Anette Fischer
2. Surname (Last Name)  
   Pedersen
3. Date

4. Are you the corresponding author?  
   Yes ☐  No ☑
   Corresponding Author’s Name  
   Johanne Korsdal Sørensen

5. Manuscript Title  
   Alcohol and drug use among Danish physicians. A nationwide cross-sectional study in 2014.

6. Manuscript Identifying Number (if you know it)

**Section 2. The Work Under Consideration for Publication**

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Are there any relevant conflicts of interest?  
Yes ☐  No ☑

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**Section 4. Intellectual Property -- Patents & Copyrights**

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Dr. Pedersen has nothing to disclose.

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### Section 1. Identifying Information

1. **Given Name (First Name)**
   - Bo
2. **Surname (Last Name)**
   - Christensen
3. **Date**
   - 13-April-2015
4. **Are you the corresponding author?**
   - [ ] Yes
   - [x] No
   - **Corresponding Author’s Name**
     - Johanne Korsdal Sørensen
5. **Manuscript Title**
   - Alcohol and drug use among Danish physicians. A nationwide cross-sectional study in 2014.
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- [x] No

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- [x] No

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Dr. Christensen has nothing to disclose.

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## Section 1. Identifying Information

1. Given Name (First Name)  
   Niels Henrik

2. Surname (Last Name)  
   Bruun

3. Date  
   13-April-2015

4. Are you the corresponding author?  
   [ ] Yes  [✓] No  
   Corresponding Author’s Name  
   Johanne Korsdal Sørensen

5. Manuscript Title  
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Mr. Bruun has nothing to disclose.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.
Funding agreement

Concerning the research project: Danish physicians’ consumption of alcohol and drugs (licit and illicit).

Project leader: Johanne Korsdal Sørensen

The present agreement ensures the authors’ independence in designing the study, interpreting the data, writing, and publishing the report.

Date and signature:

12. januar 2015

Bente Hyldahl Fogh
Adm. direktør
Lægeforeningen

Johanne Korsdal Sørensen