

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 2. The work under consideration for publication.

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Merete

2. Surname (Last Name)  
Nordentoft

3. Date  
24-August-2017

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Tidlig intervention ved psykose

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

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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Dr. Nordentoft has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Marianne	2. Surname (Last Name) Melau	3. Date 30-August-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Merete Nordentoft
5. Manuscript Title Tidlig intervention ved psykose		
6. Manuscript Identifying Number (if you know it)		

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Dr. Melau has nothing to disclose.

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1. Given Name (First Name) Nikolai	2. Surname (Last Name) Albert	3. Date 30-August-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Merete Nordentoft
5. Manuscript Title Tidlig intervention ved psykose		
6. Manuscript Identifying Number (if you know it)		

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Dr. Albert has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Pia	2. Surname (Last Name) Jeppesen	3. Date 04-September-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Merete Nordentoft
5. Manuscript Title Tidlig intervention ved psykose		
6. Manuscript Identifying Number (if you know it)		

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Dr. Jeppesen has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)

Anne Amalie Elgaard

2. Surname (Last Name)

Thorup

3. Date

05-September-2017

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Merete Nordentoft

5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

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**Grant:** A grant from an entity, generally [but not always] paid to your organization

**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

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**Royalties:** Funds are coming in to you or your institution due to your patent



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Anne Katrine

2. Surname (Last Name)

Pagsberg

3. Date

30-August-2017

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Merete Nordentoft

5. Manuscript Title

Tidlig intervention ved psykose

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  No

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Dr. Pagsberg has nothing to disclose.

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