

## 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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Torben

2. Surname (Last Name)  
Breindahl

3. Date  
26-July-2017

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Nye psykoaktive stoffer kræver et paradigmeskifte i misbrugstestning i Danmark

6. Manuscript Identifying Number (if you know it)  
UFL-05-17-0368

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

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Dr. Breindahl has nothing to disclose.

### Evaluation and Feedback

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### Section 1. Identifying Information

1. Given Name (First Name) Peter	2. Surname (Last Name) Hindersson	3. Date 26-July-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Torben Breindahl
5. Manuscript Title Nye psykoaktive stoffer kræver et paradigmeskifte i misbrugstestning i Danmark		
6. Manuscript Identifying Number (if you know it) UFL-05-17-0368		

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) Peter	2. Surname (Last Name) Leutscher	3. Date 25-July-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Torben Breindahl
5. Manuscript Title Nye psykoaktive stoffer kræver et paradigmeskifte i misbrugstestning i Danmark		
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1. Given Name (First Name)  
Andreas

2. Surname (Last Name)  
Kimergård

3. Date  
25-July-2017

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Torben Breindahl

5. Manuscript Title

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