ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. **Intellectual Property.**

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Hanne

2. Surname (Last Name)  
   Schultz

3. Date

4. Are you the corresponding author?  
   Yes ☐  No ☑

   Corresponding Author’s Name  
   Tina Bergmann Futtrup

5. Manuscript Title  
   Psychotropic Medication in an Elderly Population in Denmark

6. Manuscript Identifying Number (if you know it)

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Dr. Schultz has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Anne Kathrine
2. Surname (Last Name)  Helnæs
3. Date  23-April-2014
4. Are you the corresponding author?  Yes  ☑ No

Corresponding Author’s Name
Tina Bergmann Futtrup

5. Manuscript Title
Psychotropic Medication in an Elderly Population in Denmark

6. Manuscript Identifying Number (if you know it)

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Dr. Helnæs has nothing to disclose.

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1. Given Name (First Name)  
   Line Gashou

2. Surname (Last Name)  
   Reuthner

3. Date  
   24.09.14

4. Are you the corresponding author?  
   [ ] Yes  [x] No

5. Manuscript Title  
   Psychotropic medication in an elderly population in DT

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<tr>
<td>Margit</td>
<td>Jensen</td>
<td>22-April-2014</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
   - Yes  
   - No  
   ✔ No

5. Manuscript Title  
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<td>Futtrup</td>
</tr>
<tr>
<td>3. Date</td>
<td>12-December-2013</td>
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4. Are you the corresponding author? 
   - Yes [✓]
   - No [ ]

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Dr. Futtrup has nothing to disclose.

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