ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Elisabeth

2. Surname (Last Name)  
Svensson

3. Date  
25-February-2019

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

Corresponding Author’s Name  
Lone Baandrup

5. Manuscript Title  
Validation study of the population included in the Danish Schizophrenia Registry

6. Manuscript Identifying Number (if you know it)

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Dr. Svensson has nothing to disclose.

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Voldsgaard
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Inge
2. Surname (Last Name)  Voldsgaard
3. Date  01-May-2019
4. Are you the corresponding author?  Yes ☐ No ☑

Corresponding Author’s Name
Lone Baandrup

5. Manuscript Title
Validation study of the population included in the Danish Schizophrenia Registry

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

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes ☐ No ☑
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Section 1. Identifying Information

1. Given Name (First Name)  
   Lea

2. Surname (Last Name)  
   Haller

3. Date  
   29-April-2019

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

   Corresponding Author’s Name  
   Lone Baandrup

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<tr>
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<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tbody>
<tr>
<td>Lone</td>
<td>Baandrup</td>
<td>23-February-2019</td>
</tr>
</tbody>
</table>

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

5. Manuscript Title  
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