ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Lolck
ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tbody>
<tr>
<td>Annette</td>
<td>Lolk</td>
<td>22-May-2019</td>
</tr>
</tbody>
</table>

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

**Corresponding Author’s Name**  
Anne Mette Skov Sørensen

5. Manuscript Title  
Analgesics in people with dementia - a register-based Danish study and a systematic review

6. Manuscript Identifying Number (if you know it)

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Lolk 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)  
   Anne Mette Skov

2. Surname (Last Name)  
   Sørensen

3. Date  
   21-May-2019

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

5. Manuscript Title  
   Analgesics in people with dementia - a register-based Danish study and a systematic review

6. Manuscript Identifying Number (if you know it)

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Dr. Sørensen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Elisabeth
2. Surname (Last Name)     Bandak
3. Date                    24-May-2019

4. Are you the corresponding author?  ☐ Yes  ☑ No
Corresponding Author’s Name
Anne Mette Skov Sørensen

5. Manuscript Title
Analgesics in people with dementia - a register-based Danish study and a systematic review

6. Manuscript Identifying Number (if you know it)

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Dr. Bandak has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
   Espen

2. Surname (Last Name)
   Jimenez-Solem

3. Date
   20-May-2019

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

5. Manuscript Title
   Analgesics in people with dementia - a register-based Danish study and a systematic review

6. Manuscript Identifying Number (if you know it)

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Dr. Jimenez-Solem has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Hanne
2. Surname (Last Name) Kallehauge
3. Date 23-May-2019

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

Corresponding Author’s Name
Anne Mette Skov Sørensen

5. Manuscript Title
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Kallehauge
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Nurse H Kallehauge has nothing to disclose

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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)  
   Hanne

2. Surname (Last Name)  
   Pedersen

3. Date  
   20-May-2019

4. Are you the corresponding author?  
   ☑ No

   Corresponding Author’s Name  
   Anne Mette Skov Sørensen

5. Manuscript Title  
   Analgesics in people with dementia - a register-based Danish study and a systematic review

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?  
   ☑ No

---

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication.

Are there any relevant conflicts of interest?  
   ☑ No

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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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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Pedersen 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)  Mikkel Bring
2. Surname (Last Name)  Christensen
3. Date  21-May-2019

4. Are you the corresponding author?  □ Yes  ☑ No  Corresponding Author’s Name  Anne Mette Skov Sørensen

5. Manuscript Title  Analgesics in people with dementia - a register-based Danish study and a systematic review

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

Section 3. Relevant financial activities outside the submitted work.

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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
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Christensen has nothing to disclose.

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3. Relevant financial activities outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name)  
   Niels
2. Surname (Last Name)  
   Saxtrup
3. Date  
   22-May-2019
4. Are you the corresponding author?  
   Yes  
   No  
   Corresponding Author's Name  
   Anne Mette Skov Sørensen
5. Manuscript Title  
   Analgesics in people with dementia - a register-based Danish study and a systematic review
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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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. Saxtrup 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)  
Peter

2. Surname (Last Name)  
Johannsen

3. Date  
23-May-2019

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

Corresponding Author’s Name  
Anne Mette Skov Sørensen

5. Manuscript Title  
Analgesics in people with dementia - a register-based Danish study and a systematic review

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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☐ Yes  ☑ No

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Dr. Johannsen 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)  Simon
2. Surname (Last Name)  Tarp
3. Date  24-May-2019

4. Are you the corresponding author?  ☑ No

Corresponding Author's Name
Anne Mette Skov Sørensen

5. Manuscript Title
Analgesics in people with dementia - a register-based Danish study and a systematic review

6. Manuscript Identifying Number (if you know it)

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