

ICMJE DISCLOSURE FORM

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Date: 10. oktober 2021

Your name: Bo Møhl

Manuscript title: Screening for selvskade med De 3 F'er

Manuscript number (if known): UFL-06-21-0503

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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Time frame: past 36 months			
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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Date: 10. oktober 2021

Your name: Ida Lichtenstein Jørgensen

Manuscript title: Screening for selvskade med De 3 F'er

Manuscript number (if known): UFL-06-21-0503

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Date: 12. oktober 2021

Your name: Lotte Rubæk

Manuscript title: Screening for selvskade med De 3 F'er

Manuscript number (if known): UFL-06-21-0503

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