

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) 2. Surname (Last Name) 3. Date

4. Are you the corresponding author? Yes No

5. Manuscript Title

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

ADD

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? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Lilly	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	edukation of medical personel	X
Novartis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	edukation of medical personel	X
Lundbeck	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	edukation of medical perosnel	X
Medice/ HB Pharma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	education of medical personel	X
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