

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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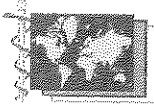
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Ulrich

2. Surname (Last Name)
Wesemann

3. Date
08-April-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Long-term Effects of the Terror Attack in Berlin in 2016 on Paranoid Ideation in Female Emergency Personnel

6. Manuscript Identifying Number (if you know it)
BJPsychOpen-20-0027.R1

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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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. Wesemann has nothing to disclose.

Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.

Wesemann

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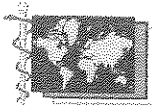
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Section 1. Identifying Information

1. Given Name (First Name)
Manuel

2. Surname (Last Name)
Mahnke

3. Date
08-April-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Ulrich Wesemann

5. Manuscript Title

Long-term Effects of the Terror Attack in Berlin in 2016 on Paranoid Ideation in Female Emergency Personnel

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BJPsychOpen-20-0027.R1

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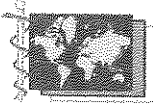
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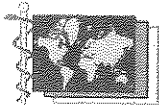
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Dr. Mahnke has nothing to disclose.

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Mahnke



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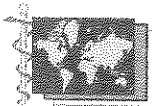
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Sarah

2. Surname (Last Name)
Polk

3. Date
08-April-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Ulrich Wesemann

5. Manuscript Title

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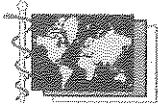
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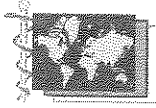
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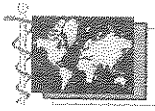
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Gerd

2. Surname (Last Name)
Willmund

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08-April-2020

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Yes No

Corresponding Author's Name
Ulrich Wesemann

5. Manuscript Title

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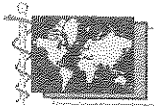
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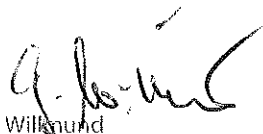
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