

ICMJE DISCLOSURE FORM

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Date: 21. januar 2022

Your name: Trine Okkerstrøm Ryttersgaard

Manuscript title: Depression and cognitive sequelae in young Danes after a traumatic brain lesion – A follow-up study

Manuscript number (if known):

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input checked="" type="checkbox"/> None	

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
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	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Member of a focus group at the Danish Health Authority	The focus group followed "Initiatives towards survivors of acquired brain injury and their relatives" initiated by the Danish Health Authority.
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input type="checkbox"/> None	

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Date: 25. januar 2021

Your name: Jens Østergaard Riis

Manuscript title: Depression and cognitive sequelae in young Danes after a traumatic brain lesion – A follow-up study

Manuscript number (if known):

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Date: 7. februar 2022

Your name: Søren Paaske Johnsen

Manuscript title: Depression and cognitive sequelae in young Danes after a traumatic brain lesion – A follow-up study

Manuscript number (if known):

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Please save/export the filled in **form as PDF** before submitting it to Ugeskrift for Læger or Danish Medical Journal.

Date: 9. februar 2022

Your name: Poul Henning Mogensen

Manuscript title: Depression and cognitive sequelae in young Danes after a traumatic brain lesion – A follow-up study

Manuscript number (if known):

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Date: 20. januar 2022

Your name: Carsten Reidies Bjarkam

Manuscript title: Depression and Cognitive Sequelae in Young Danes after a Traumatic Brain Lesion

Manuscript number (if known):

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		Treasurer Danish Neurosurgical Society	
		Board Member Scandinavian Neurosurgical Society	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
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