

ICMJJE DISCLOSURE FORM

Date: 130323
 Your Name: Niels Henrik Hjollund
 Manuscript Title: Letter : The national implementation of a triage algorithm based on patient-reported outcome measures in outpatients with epilepsy
 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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		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.	__x__ None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	__x__ None	
3	Royalties or licenses	__x__ 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	
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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	
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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 checked="" type="checkbox"/> None	

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: _____ 07.03.2023 _____
 Your Name: Birgith Engelst Grove _____
 Manuscript Title: Letter to the editor _____
 Manuscript number (if known): _____

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ICMJJE DISCLOSURE FORM

Date: 090323
 Your Name: Louise Pape Larsen
 Manuscript Title: Letter to the editor
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 07 March 2023
 Your Name: Jakob Christensen
 Manuscript Title: Letter to the Editor
 Manuscript number (if known): _____

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		The Novo Nordisk Foundation	(NNF16OC0019126 and NNF22OC0075033)
		The Danish Epilepsy Association	NA
		The Central Denmark Region	NA
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___x___ None	
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		UCB Nordic	
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Date: 7th of March 2023
 Your Name: Liv Marit Valen Schougaard
 Manuscript Title: _____
 Manuscript number (if known): _____

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