# ICMJE DISCLOSURE FORM

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Date	e: 30. august 2024			
Your name: Stine Knudsen-Heier				
Mar	nuscript title: Kan Na	rkolepsi Type 1 kureres? Er	hypokretin-neuronerne døde eller ej?	
Mar	nuscript number (if known)	): UFL-02-24-0097		
are rethird comrist a The finance The approxes	elated to the content of yo parties whose interests manitment to transparency are relationship/activity/interectionship questions apply to ascript only.  Buthor's relationships/activities to the epidemiology of	ur manuscript. "Related" ay be affected by the conduction does not necessarily in est, it is preferable that you the author's relationship ities/interests should be a hypertension, you should	relationships/activities/interests listed below that means any relation with for-profit or not-for-profit tent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so.  ps/activities/interests as they relate to the <u>current</u> defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.	
	m #1 below, report all suppitems, the time frame for	•	d in this manuscript without time limit. For all 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)	
	e frame: Since the initial plan			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing,	□ None	Research support from the Norwegian state, follow- up of H1N1 narcolepsy	
	article processing charges, etc.)			
	No time limit for this item.			
			Click TAB in last row to add extra rows	
Time	e frame: past 36 months		CHER TAB III last row to add extra rows	
111110	e traine, past 50 months			
2	Grants or contracts from	□ None		
	any entity (if not indicated in item #1 above).		Research support from the Norwegian State (follow- up of H1N1 narcolepsy)	
3	Royalties or licenses	None     Non		

4	Consulting fees	⊠ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	⊠ None	
6	Payment for expert testimony	□ None Expert testimony	Reimbursement cases for narcolepsy after H1N1- vaccination (fee to me from the Norwegian State)
7	Support for attending meetings and/or travel	☐ None Speaker at EAN	Payed travel and hotel for the EAN congress
8	Patents planned, issued or pending	None     Non	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None     Non	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☐ None  Member of EAN education commitee  Board member of EAN sleep-wake scientific panel	
11	Stock or stock options	None     Non	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None     Non	
13	Other financial or non- financial interests	None     Non	

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

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

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<b>Date</b> : 30. august 2024				
Your name: Hassan Ali Maanaki				
Manuscript title: Kan Narkolepsi Type 1 kureres? Er hypokretin-neuronerne døde eller ej?				
Manuscript number (if known): UFL-02-24-0097				
_				

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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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.

Tim	e frame: Since the initial plar	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)
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.	⊠ None	

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Tim	Time frame: past 36 months			
2	Grants or contracts from	None		
	any entity (if not indicated in item #1 above).			
3	Royalties or licenses	⊠ None		

4	Consulting fees	None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None
6	Payment for expert testimony	None □
7	Support for attending meetings and/or travel	None
8	Patents planned, issued or pending	None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None
11	Stock or stock options	None None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None
13	Other financial or non- financial interests	None

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 ${f f Z}$  I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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Date: 30. august 2024			
Your name: Birgitte Rahbek Kornum			
Manuscript title: Kan Narkolepsi Type 1 kureres? Er hypokretin-neuronerne døde eller ej?			
Manuscript number (if known): UFL-02-24-0097			
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that			

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T:		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)
Tim	e frame: Since the initial plan		
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study		
	materials, medical writing,		
	article processing charges,		
	etc.)		
	No time limit for this		
	item.		
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Tim	Time frame: past 36 months				
2	Grants or contracts from any entity (if not indicated in item #1 above).	None			
3	Royalties or licenses	None     Non			

4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations,	⊠ None	
	speakers bureaus,		
	manuscript writing or educational events		
	Caddational events		
6	Payment for expert testimony	⊠ None	
7	Support for attending	None     Non	
	meetings and/or travel		
8	Patents planned, issued or		
0	pending	None	
9	Participation on a Data	None     Non	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary	☑ None	
	role in other board,		
	society, committee or advocacy group, paid or unpaid		
11	Charles and the state of the st		
11	Stock or stock options		
40		I	
12	Receipt of equipment, materials, drugs, medical	None     Non	
	writing, gifts or other		
	services		
13	Other financial or non-	□ None	
13	financial interests	☐ None Ceremedy ApS	I am a CEO in this biotech company. We are working
		сегепнешу Арэ	with an invention related to narcolepsy, but not directly to the content of the current manuscript.

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

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