

# ICMJE DISCLOSURE FORM

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**Date:** 12. juli 2024

**Your name:** Michelle Illum Heesche

**Manuscript title:** Psykofarmakas påvirkning af køreegenskaber

**Manuscript number** (if known):

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The author's relationships/activities/interests should be defined broadly. 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.

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| 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.)<br><br>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 |  |
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| 4  | Consulting fees                                                                                              | <input checked="" type="checkbox"/> None |  |
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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None |  |
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| 6  | Payment for expert testimony                                                                                 | <input checked="" type="checkbox"/> None |  |
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| 7  | Support for attending meetings and/or travel                                                                 | <input checked="" type="checkbox"/> None |  |
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| 8  | Patents planned, issued or pending                                                                           | <input checked="" type="checkbox"/> None |  |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board                                            | <input checked="" type="checkbox"/> None |  |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> None |  |
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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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**Date:** 20. april 2021

**Your name:** Poul Videbech

**Manuscript title:**

**Manuscript number** (if known):

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