

# ICMJE DISCLOSURE FORM

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**Date:** Klik eller tryk for at angive en dato.

**Your name:** Daniel El Fassi, 29. Okt 2025

**Manuscript title:** Makrofagaktiveringssyndrom

**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.

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

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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<b>Time frame: Since the initial planning of the work</b>		
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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"/> <b>None</b>	
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4	Consulting fees	<input type="checkbox"/> None
		<b>GlaxoSmithKline Pharma</b>
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None
		<b>Abbvie , GlaxoSmithKline Pharma</b>
6	Payment for expert testimony	<input checked="" type="checkbox"/> None
7	Support for attending meetings and/or travel	<input type="checkbox"/> None
		<b>Swedish Orphan Biovitrum, AOP Orphan Pharmaceuticals, Sanofi</b>
8	Patents planned, issued or pending	<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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