Date	e:	25. oktober 2023		
You	r name:	Mette Kraak		
Mar	nuscript tit	tle: K	ognitive vanskeligheder hos	børn og unge med epilepsi
Mar	nuscript nu	umber (if known):		
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2		contracts from (if not indicated Labove).	⊠ None	
3	Royalties	or licenses	⊠ None	

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
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
11	Stock or stock options	⊠ None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None
13	Other financial or non- financial interests	⊠ None

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Date	e :	30. oktober 2023		
You	r name:	Line Carøe Sørens	<mark>sen</mark>	
Mar	nuscript tit	le: к	ognitive vanskeligheder hos	børn og Unge med epilepsi
Mar	nuscript nu	mber (if known):		
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2		contracts from (if not indicated above).	⊠ None	
3	Royalties	or licenses	⊠ None	

4	Consulting fees	⊠ None
5	Payment or honoraria for lectures, presentations, speakers bureaus,	⊠ None
	manuscript writing or	
	educational events	
6	Payment for expert	⊠ None
	testimony	
7	Support for attending	⊠ None
	meetings and/or travel	
8	Patents planned, issued or	⊠ None
	pending	
9	Participation on a Data	⊠ None
	Safety Monitoring Board or Advisory Board	
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10	Leadership or fiduciary	⊠ None
	role in other board, society, committee or advocacy group, paid or unpaid	
11	Stock or stock options	⊠ None
12	Receipt of equipment,	⊠ None
	materials, drugs, medical	
	writing, gifts or other services	
13	Other financial or non- financial interests	⊠ None
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Date: 30. oktober 202		
	23	
Your name: Camille Caroline	<mark>e Højer Winther</mark>	
Manuscript title:	Kognitive vanskeligheder hos	børn og unge med epilepsi
Manuscript number (if known	า):	
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4	Consulting fees	☑ None	
5	Payment or honoraria for lectures, presentations,	⊠ None	
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	educational events		
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	testimony		
7	Support for attending	None Non	
	meetings and/or travel		
8	Patents planned, issued or	⊠ None	
	pending		
9	Participation on a Data	⊠ None	
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	or Advisory Board		
10	Leadership or fiduciary	⊠ None	
	role in other board, society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	⊠ None	
12	Receipt of equipment, materials, drugs, medical	⊠ None	
	writing, gifts or other		
	services		
13	Other financial or non-	⊠ None	
	financial interests		

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Date:	26/10-23	
Your name:	<mark>Laura Bogut</mark>	
Manuscript tit	:le:	Kognitive vanskeligheder hos børn og unge med epileps
Manuscript nu	umber (if know	n):

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.

Time frame: Since the initial plan	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)
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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	any entity (if not indicated			
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3	Royalties or licenses	☑ None		

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Medical Journal.

Date	e: 29. oktober 2023				
You	r name: Kaja Monique W	/iberg Andersen			
Mar	Manuscript title: Kognitive vanskeligheder hos børn og unge med epilepsi				
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	⊠ None		
	educational events			
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		
11	Stock or stock options	⊠ None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None		
13	Other financial or non- financial interests	⊠ None		

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Date	. .	25. oktober 2023		
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	educational events	
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Date	۵۰	29. oktober 2023		
	r name:	Maria J Miranda		
	nuscript tit		ognitive vanskeligheder hos	børn og unge med epilepsi
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	writing, gifts or other services	
13	Other financial or non- financial interests	⊠ None
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