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Date	e : 01.06.2024		
You	r name: Helle Al-Hakem	Falk	
Mar	nuscript title: Neurob	oorreliose med MR forandring	ger
Mar	nuscript number (if known):	
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6	Payment for expert	⊠ None		
	testimony			
7	Support for attending	⊠ None		
	meetings and/or travel			
8	Patents planned, issued or	⊠ None		
0	pending	□ Mone		
	pending			
9	Participation on a Data	⊠ None		
	Safety Monitoring Board			
	or Advisory Board			
10	Leadership or fiduciary	⊠ None		
	role in other board,			
	society, committee or advocacy group, paid or unpaid			
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Date	e : 3. juni 202	24		
You	r name:	Lars Kjøbsted	d Markvardsen	
Mar	nuscript title:	Neuro	borreliose med MR-for	andringer
Mar	nuscript numb	ber (if known):	
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3	Royalties or lie	censes	⊠ None	

4	Consulting fees	ing fees		
5	Payment or honoraria for	□ None	□ Nama	
	lectures, presentations,	CSL Behring	Honoraria for lecture	
	speakers bureaus, manuscript writing or	Takeda	Honoraria for lecture	
		Takeua	Honoralia foi lecture	
	educational events			
6	Payment for expert	☑ None		
	testimony			
-	Common the most and the most	⊠ ••		
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	Takeda	Advisory board	
	or Advisory Board	CSL Behring	Advisory board	
10	Leadership or fiduciary	⊠ None		
10	role in other board,	⊠ None		
	society, committee or			
	advocacy group, paid or unpaid			
11	Stock or stock options	☑ None		
12	Pacaint of aguinment	⊠ None		
12	Receipt of equipment, materials, drugs, medical	△ None		
	writing, gifts or other			
	services			
	33.11003			
13	Other financial or non- financial interests	⊠ None		

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Dat	e: Klik eller tryk for at angiv	re en dato.	
You	r name: Merete Stordaa	rd	
Mai	nuscript title: Neur	oborreliose med MR fo	orandringer
Maı	nuscript number (if knowr	n):	
are ro third comr list a The f	elated to the content of your parties whose interests maitment to transparency a relationship/activity/inter	our manuscript. "Related" ay be affected by the con- nd does not necessarily in est, it is preferable that yo	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 current
perta antih In ite	nins to the epidemiology only pertensive medication, e	f hypertension, you should ven if that medication is n port for the work reporte	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript. 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)
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2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None	
3	Royalties or licenses	⊠ None	
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4	Consulting fees	⊠ None		
5	Payment or honoraria for	⊠ None		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Dayment for expert	M Nama		
0	Payment for expert testimony	⊠ None		
	testimony			
7	Support for attending	⊠ None		
	meetings and/or travel	Z None		
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8	Patents planned, issued or	☑ None		
	pending			
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9	Participation on a Data	⊠ None		
	Safety Monitoring Board or Advisory Board			
	or Advisory Board			
10	Leadership or fiduciary	⊠ None		
	role in other board, society, committee or advocacy group, paid or unpaid			
11				
11	Stock or stock options	⊠ None		
12	Receipt of equipment,	⊠ None		
12	materials, drugs, medical writing, gifts or other services			
13	Other financial or non- financial interests	None		

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