Please save/export the filled in form as PDF before submitting it to Ugeskrift for Læger or Danish Medical Journal.

<b>Date</b> : May 1, 25			
Your name:	Katrine Kure Pollstergaard		
Manuscript tit	Manuscript title: Cerebral malaria hos 11-årig dansk dreng efter ferierejse i Indonesien, 2025		
Manuscript nu	Manuscript number (if known): UFL-02-25-0133		

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.

		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	ning of the work	
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	

Click TAB in last row to add extra rows

Tim	e 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	☑ None
. :	lectures, presentations,	
	speakers bureaus,	
	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	7 Name
0	pending	☑ None
	penang	
9	Participation on a Data	☑ None
	Safety Monitoring Board or Advisory Board	
	Advisory board	
10	Leadership or fiduciary role	☑ None
	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-	☑ None
	financial interests	

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

IMPORTANT for Ugeskrift for Læger & Danish Medical Journal Please save/export the filled in form as PDF before submitting it to Ugeskrift for Læger or Danish Medical Journal.

Please save/export the filled in form as PDF before submitting it to Ugeskrift for Læger or Danish Medical Journal.

Your name: Lasse S. Vestergaard	
Manuscript title: Cerebral malaria hos 11-årig dansk dreng efter ferierejse i Indonesien, 2025	
Manuscript number (if known): UFL-02-25-0133	

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.

		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)
Time	e frame: Since the initial plan	ning of the work	
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	

Click TAB in last row to add extra rows

Tim	e frame: past 36 months	TOTAL STREET,	HIV HELD LIKE THE SET	A STORY FRANCE	1.7
2	Grants or contracts from any entity (if not indicated in item #1 above).	None			
3	Royalties or licenses	⊠None			

4	Consulting fees	<b>⋈</b> None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	None
	educational events	
6	Payment for expert	None
	testimony	
7	Support for attending	⊠None
	meetings and/or travel	
8	Datasta planned issued or	<b>V</b> 41
°	Patents planned, issued or pending	None
	periumg	
9	Participation on a Data	None
	Safety Monitoring Board or	
	Advisory Board	
10	Leadership or fiduciary role	None
	in other board, society,	
	committee or advocacy group, paid or unpaid	
	group, paid or unpaid	
L		
11	Stock or stock options	<b>⊠</b> None
L		
12	Receipt of equipment,	⊠ None
	materials, drugs, medical	
	writing, gifts or other	
	services	
13	Other financial or non-	⊠None
	financial interests	
	<del></del>	I

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

IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Please save/export the filled in form as PDF before submitting it to Ugeskrift for Læger or Danish Medical Journal.

Please save/export the filled in form as PDF before submitting it to Ugeskrift for Læger or Danish Medical Journal.

Dat	te: May 1, 25			
Υοι	ur name: Huma Aftab			
Ма	Manuscript title: Cerebral malaria hos 11-årig dansk dreng efter ferierejse i Indonesien, 2025			
Ma	nuscript number (if known	): UFL-02-25-0133		
are thir con	related to the content of your parties whose interests m	our manuscript. "Related" hay be affected by the cont and does not necessarily in	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.	
	e following questions apply nuscript only.	to the author's relationship	os/activities/interests as they relate to the <u>current</u>	
per	tains to the epidemiology o	of hypertension, you should	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot 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.			
		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	whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your	
Tim 1	e frame: Since the initial plan 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.	whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your	
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) ning of the work	(e.g., if payments were made to you or to your	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	whom you have this relationship or indicate none (add rows as needed) ning of the work	(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.	whom you have this relationship or indicate none (add rows as needed) ning of the work	(e.g., if payments were made to you or to your institution)	
1 Time	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.  Grants or contracts from any entity (if not indicated	whom you have this relationship or indicate none (add rows as needed) ning of the work  None	(e.g., if payments were made to you or to your institution)	

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

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

#### IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Please save/export the filled in form as PDF before submitting it to Ugeskrift for Læger or Danish Medical Journal.

Please save/export the filled in form as PDF before submitting it to Ugeskrift for Læger or Danish Medical Journal.

You	ı <b>r name</b> : Anja Poulsen			
Ma	Manuscript title: Cerebral malaria hos 11-årig dansk dreng efter ferierejse i Indonesien, 2025			
Ma	Manuscript number (if known): UFL-02-25-0133			
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</u>				
	nuscript only.	to the dutilor 3 relationship	so detivities interests as they relate to the <u>earrons</u>	
per	tains to the epidemiology o	f hypertension, you should	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.	
	em #1 below, report all super items, the time frame fo	•	d in this manuscript without time limit. For all nonths.	
		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)	
Time	e frame: Since the initial plan	ning of the work		
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.	<b>⊠ None</b>		
	No time limit for this item.			
			Click TAB in last row to add extra rows	
Time	e frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None		
3	Royalties or licenses	⊠ None		

Date:

May 1, 25

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
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

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

IMPORTANT for Ugeskrift for Læger & Danish Medical Journal Please save/export the filled in form as PDF before submitting it to Ugeskrift for Læger or Danish Medical Journal.