

1. Given Name (First Name) Nasrin	Surname (Last Name)Asgari	 Effective Date (07-August-2008 26-June-2012
4. Are you the corresponding author	? Yes No	
5. Manuscript Title		
Fra Devic's sygdom til neuromye	itis optica: en klinisk opdatering	

Section 2.

The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration for Publication										
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**					
1. Grant	1					×				
						ADD				
2. Consulting fee or honorarium	1					×				
						ADD				
Support for travel to meetings for the study or other purposes	V					×				
						ADD				
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	V					×				
						ADD				
Payment for writing or reviewing the manuscript	/					×				
						ADD				
 Provision of writing assistance, medicines, equipment, or administrative support 	V					×				
Asgari						2				



The Work Under Consideration for Publication									
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**				
						ADD			
7. Other	✓					×			
						ADD			

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
. Board membership	V					3
						Al
. Consultancy	1					A
. Employment	✓					>
. Expert testimony	✓					AE
. Grants/grants pending			V	Danish Neurological Foundation, Research Fund Vejle, Sønderborg Hospitals		>
. Payment for lectures including service on speakers bureaus	✓					AE >

Asgari 3

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



		100			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments
7. Payment for manuscript preparation	V				
8. Patents (planned, pending or issued)	V				
. Royalties	/				
Payment for development of educational presentations	V				
. Stock/stock options	V				
 Travel/accommodations/ meeting expenses unrelated to activities listed** 	V				
Other (err on the side of full disclosure)	V				
This means money that your institution For example, if you report a consultance	y above t			I related to that consulta	ncy on this line.
re there other relationships or activi otentially influencing, what you wro				ave influenced, or that	t give the appearance o
No other relationships/conditions Yes, the following relationships/co					

SAVE

Hide All Table Rows Checked 'No'

Asgari



		/ 1 0	Circian	connects of interest
L. Cover Name (First Name) Hanne Pernille Bro		Surnam Ejst	e (Lost Name)	3. Effective Date (07 August 2008 24-June-2012
4. Are you the corresponding author?		Yes	√ No	Corresponding Author's Namo Nasrin Asgari
5 Manuscript Title Fra Devrc's sygdom til neuromyelitis	optica i	en klini	sk opdatering	
o. Manuscript Identifying Number of you	i know d			
Did you or your institution at any tim	e receiva	e paym	ent or service	s from a third party for any aspect of the submitted work
Complete each row by checking "No"				design, manuscript preparation, statistical analysis, etc17
somplete each of a percenting the	ar bray	iding i	requested	and habon
The Work Under Consideration (or Pub	licatio	n	
I. Grant	7			
Z. Consulting fee or honorarium	4			
Support for travel to meetings for the study or other purposes	V			
Fees for participation in review activities such as data monitoring	177			

 Payment for writing or reviewing the manuscript

boards, statistical analysis, end point committees, and the like

 Provision of writing assistance, medicines, equipment, or administrative support



7. Other	V		

Section 3. Relevant financial activities outside the submitted work.

place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

Complete each row by checking "No" or providing the requested information.

Relevant financial activities out	side the	submitt	ed work		2 - De 1 - De 10	
1. Board membership	4					
2. Consultancy	1					
3. Employment	1					
4. Expert testimony	V					
5. Grants/grants pending	1					
Payment for lectures including service on speakers bureaus		V		in 2011 and 2012 1. Uppsala University, Sweden 2: Liegedage, Denmark	1 lectures to fellows in neuroradiology spine 2 lectures on neuroradiology, cerebrum	



Relevant financial activities ou	tside th	e submit	ted work	
7 Payment for manuscript preparation	V			
3. Patents (planned, pending or issued)	1			
Royalties	1			
Payment for development of educational presentations	✓			
Stock/stock options	✓.			
Travel/accommodations/ meeting expenses unrelated to activities listed**	V			
Other (err on the side of full disclosure)	1			
his means money that your institution (in example, if you report a consultanc	received r y above ri	or your effo here is no ne	orts. even to report travel related to that consultancy conthis line .	
ection 4. Other relationsh				
	ties that i	readers con submitted	uld perceive to have influenced, or that give the appearan work?	ce of
			t present a potential conflict of interes:	
Yes, the following relationships/co				



Section 1.	Identifying Info	mation	
1. Given Name (F Søren Thue	irst Name)	Surname (Last Name) Lillevang	3. Effective Date (07-August-2008 26-June-2012
4. Are you the co	rresponding author?	Yes No	Corresponding Author's Name Nasrin Asgari
Manuscript Tit Fra Devic's sygo		pptica: en klinisk opdaterir	ng
6. Manuscript Ide	entifying Number (if you	know it)	

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration						
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	1					×
						ADD
2. Consulting fee or honorarium	1					×
						ADD
Support for travel to meetings for the study or other purposes	V					×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	V					×
						ADD
Payment for writing or reviewing the manuscript	1					×
						ADD
 Provision of writing assistance, medicines, equipment, or administrative support 	V					×
Lillevang						2



The Work Under Consideration for Publication								
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**			
						ADD		
7. Other	V					×		
						ADD		

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

CONTRACTOR SECURITION		Money	Money to		
Type of Relationship (in alphabetical order)	No	Paid to You	Your Institution*	Entity	Comments
. Board membership	1				
2. Consultancy	1				
3. Employment	1				
4. Expert testimony	1				
5. Grants/grants pending	1				
Payment for lectures including service on speakers bureaus	1	П			
service on speakers bureaus		-			
7. Payment for manuscript	2200	22.20	and the second		
preparation	1				

Lillevang 3

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
Patents (planned, pending or issued)	V					12
Royalties	/					9
Payment for development of educational presentations	✓					3
Stock/stock options	V					7
Travel/accommodations/ meeting expenses unrelated to activities listed**	V					1
Other (err on the side of full disclosure)	✓					-
nis means money that your institution or example, if you report a consultan				vel related to that consult:	ancy on this line.	F
ection 4. Other relational	hips					
Other relations	_			21 THE 2 2 5		
there other relationships or active tentially influencing, what you wro				have influenced, or tha	t give the appearance o	f
there other relationships or activ	ote in the	submitted tances tha	l work? It present a pot	ential conflict of interes		f

Lillevang 4



Given Name (First Name)	2. Surname (Last Name)	3. Effective Date (07-August-2008
Egon	Stenager	25-June-2012
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name
	hand hand	Nasrin Asgari
5. Manuscript Title		
Fra Devic's sygdom til neuromyelitis	optica: en klinisk opdaterin	g

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	V					×
						ADI
Consulting fee or honorarium	1					×
2.5						ADI
Support for travel to meetings for the study or other purposes	1					×
						ADE
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	✓					×
						ADE
Payment for writing or reviewing the manuscript	1					×
						ADE
 Provision of writing assistance, medicines, equipment, or administrative support 	/					×
tenager						



The Work Under Consider						
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
	174		N			AD
7. Other	✓					×
						AD

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

Relevant financial activities outside the submitted work						
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	V					×
2. Consultancy	V					X ADD
3. Employment	V					× ADD
4. Expert testimony	V					×
5. Grants/grants pending	✓					ADD ×
Payment for lectures including service on speakers bureaus	V					ADD ×
Payment for manuscript preparation	V					ADD ×

Stenager 3

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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
Patents (planned, pending or issued)	✓					×
9. Royalties	V					ADD ×
						ADD
 Payment for development of educational presentations 	V					×
						ADD
11. Stock/stock options	✓					X
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	✓					ADD ×
						ADD
 Other (err on the side of full disclosure) 	V					×
*This means money that your institution ** For example, if you report a consultance Section 4. Other relational	y above t			avel related to that consulta	ancy on this line.	ADD
Other relations						
Are there other relationships or activi potentially influencing, what you wro				o have influenced, or tha	t give the appearance of	
✓ No other relationships/conditions	/circums	stances tha	t present a po	tential conflict of interes	t	
Yes, the following relationships/co	ondition	s/circumst	ances are pres	ent (explain below):		
	iournal	s will ask a	uthors to conf		date their disclosure state	ments.
At the time of manuscript acceptance On occasion, journals may ask author			r information a	bout reported relations		

Stenager 4