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Manuskriptets titel: Ud	dvikling af cerebrale	infarkter hos 17-årig	mand i behandling	med sertralin og	lisdexamfetamin
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UFL-nr. - (hvis kendt):

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Navn:

Malene Martinussen

Adresse:

Grenågade 1, 1,th. 2100 København Ø

Telefon i dagtimerne:

26245410

E-mail:

malenemar@gmail.com

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Navn

Institution / afdeling

Underskrift

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Neurologisk afd., Herlev Hospital

Nanette Mol Debes

Pædiatrisk afd., Herlev Hospital

Catrine Christensen

Klinisk farmakologisk afd.,

Bispebjerg Hospital

Catrula

Gabriele Leth	Børne- og ungdomspsykiatrisk afd, Region Hovedstaden Psykiatri
Anne Katrine Pagsberg	Børne- og ungdomspsykiatrisk afd, Region Hovedstaden Psykiatri
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Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

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This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party — that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes". Then complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

3. Relevant financial activities outside the submitted work.

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Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

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3. Support for travel to meetings for the study or other purposes

4. Fees for participation in review activities such as data monitoring

boards, statistical analysis, end

point committees, and the like

5. Payment for writing or reviewing

6. Provision of writing assistance, medicines, equipment, or

administrative support

the manuscript

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The Work Under Consideration for Publication							
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7. Other	X					×	
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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments
. Board membership	×				
Consultancy	V				
. Employment	X				Leanning
Expert testimony	×				
Grants/grants pending	×				
Payment for lectures including service on speakers bureaus	X				
Payment for manuscript preparation	N				

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

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



Relevant financial activities outside the submitted work						
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
Patents (planned, pending or issued)	×				4 2 4	AD >
9. Royalties	×					AD ×
10. Payment for development of educational presentations	Z					AD ×
11. Stock/stock options	X					AD ×
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	K				æ:	AD ×
13. Other (err on the side of full disclosure)	N					AD ×
* This means money that your institution ** For example, if you report a consultance	received	for your efforthere is no n	orts. eed to report travel	related to that consulta	ency on this line.	AD

Section 4.

Other relationships

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Section 1.	ldentifying Inf	ormation	
1. Given Name (F Malene	irst Name)	2. Surname (Last Name) Martinussen	3. Effective Date (07-August-2008) 29-april-2016
4. Are you the co	rresponding author?	Yes No	
5. Manuscript Titl Udvikling af		rkter hos 17-årig mand i behandl	ling med sertralin og lisdexamfetami
6. Manuscript Ide	ntifying Number (if y	ou know it)	
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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...)?

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



The Work Under Consideration for Publication							
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
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7. Other	✓					×	
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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	~					×
						ADD
2. Consultancy	✓					×
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3. Employment	✓					×
						ADD
4. Expert testimony	✓					×
						ADD
5. Grants/grants pending	✓					×
						ADD
Payment for lectures including service on speakers bureaus	✓					×
						ADD
Payment for manuscript preparation	~					×

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

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



Relevant financial activities outs	side the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
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Patents (planned, pending or issued)	✓					×
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9. Royalties	✓					×
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10. Payment for development of educational presentations	✓					×
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11. Stock/stock options	✓					×
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12. Travel/accommodations/ meeting expenses unrelated to activities listed**	✓					×
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Other (err on the side of full disclosure)	✓					×
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* This means money that your institution received for your efforts. ** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.						

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Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

Kruuse 1



Section 1.	Identifying Inform	ation							
Given Name (First Christina	st Name)	2. Surname (Last Name) Kruuse	3. Date 29-April-2016						
4. Are you the corre	esponding author?	Yes ✓ No	Corresponding Author's Name Malene Martinussen						
5. Manuscript Title Udvikling af cerek	orale infarkter hos 17-å	årig mand i behandling me	ed sertralin og lisdexamfetamin						
6. Manuscript Iden	tifying Number (if you kr	now it)							
Section 2.	The Work Under Co	onsideration for Public	cation						
any aspect of the su statistical analysis, e	Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes No								
Section 3.	Relevant financial	activities outside the s	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 publication . Are there any relevant conflicts of interest? Yes Vo									
Section 4.	Intellectual Proper	rty Patents & Copyric	ghts						
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Kruuse 2



Section 5. Relationships not severed above
Relationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Kruuse has nothing to disclose.

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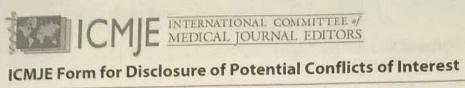
Kruuse 3



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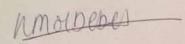


Type of Relationship (in alphabetical order)	No	Money Paid to	Money to Your	Entity	Comments	
		You	Institution*			E.
Patents (planned, pending or issued)						1
	n-A					1
Royalties	X	Ш				17
Payment for development of educational presentations						
	prompt)					A
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Evaluation and Feedback

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2. ICMJE Uniform Disclosure Form for Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in four parts.

Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party — that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes". Then complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

Other relationships.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.



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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...)?

The Work Under Consideration f	or Pub	lication		W-15-15-1		
Туре	No	Money Paid to You	Money to Your Institution	Name of Entity	Comments**	
1. Grant	Ø					×
						ADD
2. Consulting fee or honorarium	Q					×
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Support for travel to meetings for the study or other purposes	X					×
mestary or small purposes						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	×					×
						ADD
Payment for writing or reviewing the manuscript	×					×
						ADD
 Provision of writing assistance, medicines, equipment, or administrative support 	Ø					×



Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
Patents (planned, pending or issued)	Ø					ADI
9. Royalties	×					ADI ×
Payment for development of educational presentations	×					ADI
1. Stock/stock options	×					ADD ×
 Travel/accommodations/ meeting expenses unrelated to activities listed** 	Ø					ADD
3. Other (err on the side of full disclosure)	\boxtimes					ADD

Section 4. Other relationships

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

No other relationships/conditions/circumstances that present a potential conflict of interest

Yes, the following relationships/conditions/circumstances are present (explain below):

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Hide All Table Rows Checked 'No'

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The Work Under Conside	ration for Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution	Name of Entity	Comments**	
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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.

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
. Board membership	A					
. Consultancy	×					
. Employment	\boxtimes					
Expert testimony	M					
. Grants/grants pending	\boxtimes					
. Payment for lectures including service on speakers bureaus	X					Ī
. Payment for manuscript preparation	X	П	П			

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

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



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