

#### **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 six parts.

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

Simonsen 1



Section 1. Identify	ing Information			
1. Given Name (First Name) Claus Ziegler				
4. Are you the corresponding a	author? Yes ✓ No	Corresponding Author's Name Adjmal Nahimi		
5. Manuscript Title Cerebral vaskulitis hos en patient med neuroborreliose				
6. Manuscript Identifying Num UFL-02-18-0124	ber (if you know it)			
Section 2. The Wor	k Under Consideration for Publi	cation		
	ork (including but not limited to grants, d	n a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,		
Section 3. Relevant	t financial activities outside the	submitted work.		
of compensation) with entit	ies as described in the instructions. U u should report relationships that we	nether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by tree present during the 36 months prior to publication.		
Section 4. Intellect	ual Property Patents & Copyri	ghts		
Do you have any patents, w	hether planned, pending or issued, b	roadly relevant to the work? Yes V No		

Simonsen 2



Section 5. Relationships not sovered above				
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Section 6. Disclosure Statement				
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Dr. Simonsen has nothing to disclose.				

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Jeppesen 1



Section 1.	Identifying Inform	ation			
1. Given Name (Fir Lise Leth					
4. Are you the corr	u the corresponding author? Yes 🗸 No		Corresponding Author's Name Adjmal Nahimi		
5. Manuscript Title Cerebral vaskulitis hos en patient med neuroborreliose					
6. Manuscript Iden UFL-02-18-0124	tifying Number (if you kn	ow it)			
			_		
Section 2.	The Work Under Co	onsideration for Public	cation		
any aspect of the su statistical analysis, o	ubmitted work (including	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,		
Section 3.	Relevant financial	activities outside the s	submitted work.		
of compensation clicking the "Add	) with entities as descri	bed in the instructions. Use port relationships that we	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re <b>present during the 36 months prior to publication</b> .		
Section 4.	Intellectual Proper	ty Patents & Copyri	ghts		
Do you have any	patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V No		

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Section 5. Relationships not covered above				
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Speiser 1



Section 1.	Identifying Inform	nation				
1. Given Name (Fi Lasse Ole Zacho			3. Date 16-April-2018			
4. Are you the cor	Are you the corresponding author?		Corresponding Author's Name Adjmal Nahimi			
5. Manuscript Title Cerebral vaskulit	e is hos en patient med I	neuroborreliose				
6. Manuscript Idei UFL-02-18-0124	ntifying Number (if you kr	now it)				
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Section 3.	Relevant financial	activities outside the s	submitted work.			
of compensation clicking the "Add	the appropriate boxes in with entities as descr	in the table to indicate wh ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.			
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Nahimi 1



Section 1.	Identifying Inform	nation					
1. Given Name (Fii Adjmal	rst Name)	2. Surname (Last Name) Nahimi			3. Date 12-April-2018		
4. Are you the cor	4. Are you the corresponding author?		✓ Yes No				
•	5. Manuscript Title Cerebral vaskulitis hos en patient med neuroborreliose						
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Section 3.	Relevant financial	activities outsid	e the submitted w	ork.			
of compensation clicking the "Add Are there any rel	the appropriate boxes in the appropriate boxes in the second in the seco	ibed in the instruct port relationships t —	ions. Use one line for	each entity; add	d as many lir	nes as you need by	
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