

ICMJE Form for Disclosure of 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 six parts.

1. Identifying information.

2. The work under consideration for publication.

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4. Intellectual Property.

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Section 1. Identifying Information

1. Given Name (First Name)
Christine Aarenstrup
2. Surname (Last Name)
Daugaard
3. Date
13/11/18
4. Are you the corresponding author? ☒ Yes ☐ No
5. Manuscript Title
Use of antiepileptic drugs in Danish pregnant and women of fertile age from 2001 to 2016.
6. Manuscript Identifying 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 (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

Funding source: This study was supported by the Novo Nordisk Foundation (grant number: NNF16OC0019126), Central Denmark Region, Danish Epilepsy Association and the Lundbeck Foundation. These funders had no role in the design and conduct of the study.

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Dr. Christensen has received honoraria for serving on the Scientific Advisory Board of Union Chimique Belge (UCB) Nordic and Eisai AB. Dr. Christensen has also received honoraria for giving lectures for UCB Nordic and Eisai and received travel funds from UCB Nordic.

The other authors have indicated they have no financial relationships relevant to this article to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Julie Werenberg	2. Surname (Last Name) Dreier	3. Date 28-January-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Christine Dugaard
5. Manuscript Title Use of antiepileptic drugs in Danish pregnant women and women of fertile age from 2001 to 2016		
6. Manuscript Identifying Number (if you know it) UFL-01-19-0032		

Section 2. The Work Under Consideration for Publication

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Dr. Dreier has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Jakob	2. Surname (Last Name) Christensen	3. Date 22-January-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Christine Daugaard
5. Manuscript Title Use of antiepileptic drugs in Danish pregnant women and women of fertile age from 2001 to 2016		
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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Eisai	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Teaching
UCB Nordic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Teaching

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Dr. Christensen reports personal fees from Eisai, personal fees from UCB Nordic , outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)
Yuelian

2. Surname (Last Name)
Sun

3. Date
23-January-2019

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Christine Dugaard

5. Manuscript Title
Use of antiepileptic drugs in Danish pregnant women and women of fertile age from 2001 to 2016

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