

#### 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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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



Section 1.	Identifying Inforr	nation	
1. Given Name (Fi Mette	rst Name)	2. Surname (Last Name) Nissen	3. Date 13-March-2019
4. Are you the cor	responding author?	✓ Yes No	
5. Manuscript Title Stiff Person Sync		nskelig og overset diagnose	
6. Manuscript Ide	ntifying Number (if you k	now it)	

UFL-01-19-0024

## 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.)?

🖌 No

Are there any relevant conflicts of interest?		Yes
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Are there any relevant conflicts of interest?	Yes	$\checkmark$	No
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?	Yes	🖌 No	
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Dr. Nissen has nothing to disclose.

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Section 1.	Identifying Infor	mation		
1. Given Name (Fin Jonatan	rst Name)	2. Surname (Last Name) Forsberg	3. Date 13-March-2019	
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Name Mette Scheller Nissen	
5. Manuscript Title Stiff Person Sync		nskelig og overset diagnos	2	
6. Manuscript Ider UFL-01-19-0024	ntifying Number (if you l	know it)	_	

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1. Given Name (First Name) Matthias	2. Surname (Last Name) Bode	3. Date 13-March-2019
4. Are you the corresponding author?	Yes 🖌 No	Corresponding Author's Name Mette Scheller Nissen
5. Manuscript Title Stiff Person Syndrome er fortsat en v	vanskelig og overset diagno	se
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