



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Claudia

2. Surname (Last Name)  
Fischer

3. Date  
14-May-2019

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Christina Engel Hoei-Hansen

5. Manuscript Title  
Experience with mTOR inhibitor everolimus in treatment of epilepsy in tuberous sclerosis complex

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

### 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 publication**.

Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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### Section 5. Relationships not covered above

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Dr. Fischer has nothing to disclose.

### Evaluation and Feedback

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### 1 Identifying information.



### 2 The work under consideration for publication.

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### 4 Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.



### 5 Relationships not covered above.

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





## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Identifying Information

1. Given Name (First Name)

Eva Martha Madsen

2. Surname (Last Name)

Svarrer

3. Date

20-May-2019

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Christina Hoei-Hansen

5. Manuscript Title

Experience with mTOR inhibitor everolimus in treatment of epilepsy in tuberous sclerosis complex

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  Yes  No

### Section 4

#### Intellectual Property: Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 5 Relationships not covered above

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### Section 6 Disclosure Statement

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Dr. Svarrer has nothing to disclose.

### Evaluation and Feedback

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#### 4. Intellectual Property.

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



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Mikkel Grenaa	2. Surname (Last Name) Frederiksen	3. Date 19-May-2019
4. Are you the corresponding author? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
5. Manuscript Title Experience with mTOR inhibitor everolimus in treatment of epilepsy in tuberous sclerosis complex		
6. Manuscript Identifying Number (if you know it) -		

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Are there any relevant conflicts of interest?  Yes  No

ADD

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#### Generate Disclosure Statement

Stud. med. Frederiksen has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Alfred Peter	2. Surname (Last Name) Born	3. Date 19-May-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Christina Høi Hansen
5. Manuscript Title Experience with mTOR inhibitor everolimus in treatment of epilepsy in tuberous sclerosis complex		
6. Manuscript Identifying Number (if you know it)		

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Dr. Born has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Christina Engel	2. Surname (Last Name) Høi-Hansen	3. Date 20-May-2019
4. Are you the corresponding author? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
5. Manuscript Title Experience with mTOR inhibitor everolimus in treatment of epilepsy in tuberous sclerosis complex		
6. Manuscript Identifying Number (if you know it)		

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