ICMJE DISCLOSURE FORM

Date	e: 9. marts 2021		
You	r name: Henrik Frederiks	sen	
Mar	nuscript title: Trom	botisk Trombocytoper	nisk Purpura (TTP)
Mar	nuscript number (if known)):	
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	m #1 below, report all support all support items, the time frame for		d in this manuscript without time limit. For all months.
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	e frame: Since the initial plan	ning of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	⊠ None	
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т: -	. (Click TAB in last row to add extra rows
Time	e frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ None Novartis	Research grant for Phd Study
3	Royalties or licenses	None Non	

4	Consulting fees	⊠ None		
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☐ None Sanofi Genzyme	lecturing	
6	Payment for expert			
	testimony			
7	Support for attending			
	meetings and/or travel			
8	Patents planned, issued or pending	⊠ None		
9	Participation on a Data Safety Monitoring Board or Advisory Board	None Non		
10	Leadership or fiduciary			
	role in other board, society, committee or advocacy group, paid or unpaid			
11	Stock or stock options	None Non		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	■ None		
13	Other financial or non- financial interests	⊠ None		

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Date	e : 9. marts 2021		
You	r name: Anna Christine I	Vilsson	
Mai	nuscript title: Trom	botisk Trombocytoper	nisk Purpura (TTP)
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are re third comr list a The f	elated to the content of yo parties whose interests ma nitment to transparency ar relationship/activity/intere following questions apply to	ur manuscript. "Related" ay be affected by the cont nd does not necessarily in est, it is preferable that yo	relationships/activities/interests listed below that means any relation with for-profit or not-for-profit tent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so. Discriptions/activities/interests as they relate to the current
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perta	ins to the epidemiology of	hypertension, you should	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.
	m #1 below, report all supper items, the time frame for	•	d in this manuscript without time limit. For all months.
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Time	e frame: Since the initial plan	-	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	⊠ None	
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Time	e frame: past 36 months		closk trib in last row to add extra row.
	e frame. past 50 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	None Non	
3	Royalties or licenses	M None	
J	noyaities of ficerises	■ None ■	

4	Consulting fees	None	
5	Payment or honoraria for	⊠ None	
5	lectures, presentations, speakers bureaus, manuscript writing or educational events	∆ No⊓e	
6	Payment for expert testimony	⊠ None	
	Сезинону		
7	Support for attending	⊠ None	
	meetings and/or travel		
8	Patents planned, issued or pending	⊠ None	
	pending		
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None	
10	Leadership or fiduciary	⊠ None	
	role in other board,		
	society, committee or advocacy group, paid or unpaid		
11			
11	Stock or stock options	⊠ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
13	Other financial or non- financial interests	⊠ None	

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Dat	e: 9. marts 2021			
You	r name: Dennis Lund Ha	nsen		
Mai	Manuscript title: Trombotisk Trombocytopenisk Purpura (TTP)			
Mar	nuscript number (if known):		
are rethird comress and the following the fo	elated to the content of yo parties whose interests manitment to transparency and relationship/activity/interestionship questions apply to uscript only. Buthor's relationships/activitys relationships/activitys and the epidemiology of the epidemi	ur manuscript. "Related" ay be affected by the content does not necessarily in est, it is preferable that you the author's relationship vities/interests should be given if that medication is not port for the work reporte	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.	
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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
Time	e frame: Since the initial plar	nning of the work		
1	All support for the present	None		
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)			
	No time limit for this item.			
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Time				
	e frame: past 36 months			
		⊠ None		
2	e frame: past 36 months Grants or contracts from any entity (if not indicated	⊠ None		
	Grants or contracts from	None		
	Grants or contracts from any entity (if not indicated			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None None None		

4	Consulting fees	⊠ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	⊠ None	
6	Payment for expert testimony	None Non	
7	Support for attending meetings and/or travel	None Non	
8	Patents planned, issued or pending	□ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	□ None Sanofi	Advisory board on epidemiology of TTP
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None Non	
11	Stock or stock options	None Non	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None Non	
13	Other financial or non- financial interests	None	

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