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**Date:** 27. Maj 2021

**Your name:** Alexandra Due Rosenkilde

**Manuscript title:** Markant øget forekomst af funktionelle tics hos børn og unge i Danmark

**Manuscript number (if known):** UFL-03-21-0211

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# ICMJE DISCLOSURE FORM

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Date: 28. maj 2021

Your name: Camilla Birgitte Sørensen

Manuscript title: Markant øget forekomst af funktionelle tics hos børn og unge i Danmark

Manuscript number (if known): UFL-03-21-0211

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Date: 28. maj 2021

Your name: Liselotte Skov

Manuscript title: Markant øget forekomst af funktionelle tics hos børn og unge i Danmark

Manuscript number (if known): UFL-03-21-0211

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Date: 27. maj 2021

Your name: Nanette Mol Debes

Manuscript title: Markant øget forekomst af funktionelle tics hos børn og unge i Danmark

Manuscript number (if known): UFL-03-21-0211

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Date: 28. maj 2021

Your name: Susanne Munck Klansoe

Manuscript title: Markant øget forekomst af funktionelle tics hos børn og unge i Danmark

Manuscript number (if known): UFL-03-21-0211

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Date: 27. maj 2021

Your name: Judy Grejsen

Manuscript title: Markant øget forekomst af funktionelle tics hos børn og unge i Danmark

Manuscript number (if known): UFL-03-21-0211

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Date: 30. maj 2021

Your name: Klara Karoline Posborg

Manuscript title: Markant øget forekomst af funktionelle tics hos børn og unge i Danmark

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Date: 28. maj 2021

Your name: Jeanette Tinggaard

Manuscript title: Markant øget forekomst af funktionelle tics hos børn og unge i Danmark

Manuscript number (if known): UFL-03-21-0211

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Date: 28. maj 2021

Your name: Annika Reenberg

Manuscript title: Markant øget forekomst af funktionelle tics hos børn og unge i Danmark

Manuscript number (if known): UFL-03-21-0211

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Date: 28. maj 2021

Your name: Lone Aaslet

Manuscript title: Markant øget forekomst af funktionelle tics hos børn og unge i Danmark

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

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

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

**IMPORTANT** for Ugeskrift for Læger & Danish Medical Journal

Please save/export the filled in form as PDF before submitting it to Ugeskrift for Læger or Danish Medical Journal.

