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Date: 9. sep	Date: 9. september 2021				
Your name:	Peter Brøgger Christ	tensen			
Manuscript ti	tle: Neurosark	koidose - diagnostik og behandling			
Manuscript n	umber (if known):	UFL-05-21-0448			

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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)
im	e frame: Since the initial plar	ning of the work	
L	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	⊠ None	
	No time limit for this item.		

Tim	ne frame: past 36 months		
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3	Royalties or licenses	⊠ 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
7	Support for attending meetings and/or travel	⊠ None
8	Patents planned, issued or pending	⊠ None
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	⊠ None
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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Date: 7. september 2021			
Your name: Yousef Yavarian			
Manuscript title: Neurosarkoidose - diagnostik og behandling			
Manuscript number (if known):	UFL-05-21-0448		

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Time frame: Since the initial plan	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)
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	

Time frame: past 36 months			
Grants or contracts from	⊠ None		
any entity (if not indicated			
in item #1 above).			
Royalties or licenses	⊠ None		
	Grants or contracts from any entity (if not indicated in item #1 above).	Grants or contracts from any entity (if not indicated in item #1 above).	

4	Consulting fees	⊠ None	
5	Payment or honoraria for	⊠ None	
	lectures, presentations, speakers bureaus,		
	manuscript writing or		
	educational events		
	_		
6	Payment for expert	None	
	testimony		
7	Support for attending	⊠ None	
	meetings and/or travel		
8	Patents planned, issued or	⊠ None	
	pending		
9	Participation on a Data	⊠ None	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary	⊠ None	
	role in other board,		
	society, committee or		
	advocacy group, paid or unpaid		
	unpaid		
11	Stock or stock options	⊠ None	
12	Receipt of equipment,	⊠ None	
	materials, drugs, medical		
	writing, gifts or other services		
	2CI AICE2		
13	Other financial or non-	⊠ None	
	financial interests		

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You	ur name :::: Ida Elisabeth Gad	l Holm	
Ma	nuscript title: Neurosarko	oidose - diagnostik og beh	andling
Ma	nuscript number (if known): UFL-05-21-0448	
are r third com	related to the content of yo I parties whose interests m	ur manuscript. "Related" ay be affected by the con nd does not necessarily in	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.
	following questions apply to suscript only.	o the author's relationshi	ps/activities/interests as they relate to the <u>current</u>
pert	ains to the epidemiology of	hypertension, you shoul	defined broadly. For example, if your manuscript d declare all relationships with manufacturers of ot mentioned in the manuscript.
	em#1 below, report all sup er 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)
Tim	ne frame: Since the initial plan	thousand the same of the same	
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.		
	1	1	Click TAB in last row to add extra rows
Tim	ne frame: past 36 months		
2	Grants or contracts from	None	
	any entity (if not indicated in item #1 above).		
			I.
3	Royalties or licenses	None	

Consulting fees	□ None
Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None
Payment for expert testimony	⊠None
Support for attending meetings and/or travel	⊠None
Patents planned, issued or pending	□ None
Participation on a Data Safety Monitoring Board or Advisory Board	©≭None
Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Ď3 None
Stock or stock options	None
Receipt of equipment, materials, drugs, medical writing, gifts or other services	☑ None
Other financial or non- financial interests	☑ None
	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel Patents planned, issued or pending Participation on a Data Safety Monitoring Board or Advisory Board Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-

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Date: 7. september 2021			
Your name: Ismael Barzinji			
Manuscript title: Neurosarkoidose - diagnostik og behandling			
Manuscript number (if known):	UFL-05-21-0448		

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	•		
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3	Royalties or licenses	⊠ None	

4	Consulting fees	⊠ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	⊠ None	
	_		
6	Payment for expert	None	
	testimony		
7	Support for attending	⊠ None	
	meetings and/or travel		
8	Patents planned, issued or	⊠ None	
	pending		
9	Participation on a Data	⊠ None	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary	⊠ None	
	role in other board, society, committee or advocacy group, paid or unpaid		
	anpaid		
11	Stock or stock options	⊠ None	
12	Receipt of equipment,	⊠ None	
	materials, drugs, medical writing, gifts or other services		
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Manuscript number (if known):	UFL-05-21-0448	
Manuscript title: Neurosarkoidose - diagnostik og behandling		
Your name: Claudia Christina Hilt Kristensen		
Date: 7. september 2021		

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Royalties or licenses	⊠ None		
	Grants or contracts from any entity (if not indicated in item #1 above).	Grants or contracts from any entity (if not indicated in item #1 above).	

4	Consulting fees	⊠ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	⊠ None	
	_		
6	Payment for expert	None	
	testimony		
7	Support for attending	⊠ None	
	meetings and/or travel		
8	Patents planned, issued or	⊠ None	
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