

# ICMJE DISCLOSURE FORM

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Date: 9. september 2021

Your name: Peter Brøgger Christensen

Manuscript title: Neurosarkoidose - diagnostik og behandling

Manuscript number (if known): UFL-05-21-0448

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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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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**Date:** Klik eller tryk for at angive en dato.

**Your name:** Ida Elisabeth Gad Holm

**Manuscript title:** Neurosarkoidose - diagnostik og behandling

**Manuscript number (if known):** UFL-05-21-0448

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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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**Date:** 7. september 2021

**Your name:** Claudia Christina Hilt Kristensen

**Manuscript title:** Neurosarkoidose - diagnostik og behandling

**Manuscript number (if known):** UFL-05-21-0448

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