# ICMJE DISCLOSURE FORM

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You	I <b>r name</b> : Christian Kirked	al	
Mai	nuscript title: Subakı	ıt parkinsonisme som debuts	symptom ved primært CNS-lymfom
Mai	nuscript number (if known	):	
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perta antih In ite	ains to the epidemiology of hypertensive medication, ev	hypertension, you should yen if that medication is no port for the work reported	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.  d in this manuscript without time limit. For all months.
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	No time limit for this item.		
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	e frame: past 36 months  Grants or contracts from any entity (if not indicated	None     None     None     None     None	Click TAB in last row to add extra rows

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

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

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Date	e: 22. september 2021		
You	r name: Thor Høyer		
Mar	nuscript title: Subakı	ut parkinsonisme som debut:	symptom ved primært CNS-lymfom
Mar	nuscript number (if known)	):	
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Time	e frame: Since the initial plan	ning of the work	
1	All support for the present	None     Non	
	manuscript (e.g., funding, provision of study		
	materials, medical writing,		
	article processing charges, etc.)		
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Time	e frame: past 36 months		
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2	Grants or contracts from	None     Non	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None     Non	
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4	Consulting fees	None     Non		
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3	Payment or honoraria for lectures, presentations,	None     Non		
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	manuscript writing or educational events			
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6	Payment for expert	☑ None		
	testimony			
7	Support for attending	None     Non		
	meetings and/or travel			
8	Patents planned, issued or	None     Non		
	pending			
9	Participation on a Data	None     Non		
	Safety Monitoring Board or Advisory Board			
	or navisory board			
10	Leadership or fiduciary	None     Non		
	role in other board, society, committee or			
	advocacy group, paid or			
	unpaid			
11				
11	Stock or stock options	None     Non		
12	Receipt of equipment,	⊠ None		
12	materials, drugs, medical	None     Non		
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Da	te: 22. september 2021		
Yo	ur name: Peter Brøgger	Christensen	
Ma	anuscript title: Subal	kut parkinsonisme som deb	utsymptom ved primært CNS-lymfom
Ma	nuscript number (if know	n):	
are third com	related to the content of you parties whose interests n	our manuscript. "Related nay be affected by the co and does not necessarily i	Il relationships/activities/interests listed below that "means any relation with for-profit or not-for-profintent of the manuscript. Disclosure represents a ndicate a bias. If you are in doubt about whether to you do so.
	following questions apply t uscript only.	to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>
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Tim	e frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

4	Consulting fees	None
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11	Stock or stock options	None
	Oldon of State of Golden	J.C. None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other	⊠ None
	services	
13	Other financial or non	None
13	Other financial or non- financial interests	None
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