

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

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Royalties: Funds are coming in to you or your institution due to your patent

Brix 1



Section 1. Identifying Info	ormation	
1. Given Name (First Name) Anna Trier Heiberg	2. Surname (Last Name) Brix	3. Date 07-March-2021
4. Are you the corresponding author?	✓ Yes No	
5. Manuscript Title Kutane Capillære malformationer de	er bør give mistanke om cerebral involvering	g
6. Manuscript Identifying Number (if yo	ou know it)	
Section 2. The Work Unde	r Consideration for Publication	
	ding but not limited to grants, data monitoring b	overnment, commercial, private foundation, etc.) for poard, study design, manuscript preparation,
Section 3. Relevant finance	cial activities outside the submitted w	ork.
of compensation) with entities as de	escribed in the instructions. Use one line for or described in the instructions. Use one line for or described in the instructions are described in the instructions. Use one line for or described in the instructions are described in the instructions.	e financial relationships (regardless of amount each entity; add as many lines as you need by ring the 36 months prior to publication.
Section 4. Intellectual Pro	perty Patents & Copyrights	
	planned, pending or issued, broadly relevant	t to the work? Yes 🗸 No

Brix 2



Coetion F	
Section 5.	Relationships not covered above
	relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
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Dr. Brix has noth	ning to disclose.

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Nielsen 1



Section 1.	Identifying Inforn	nation		
1. Given Name (Fi Troels	rst Name)	2. Surname (Last Name) Nielsen		3. Date 25-February-2021
4. Are you the cor	responding author?	Yes 🗸 No	Corresponding Author's Na Anna Brix	ame
5. Manuscript Title Kutane karmalfo		re mistanke om cerebral i	nvolvering	
6. Manuscript Idei	ntifying Number (if you kı	now it)		
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Section 2.	The Work Under C	onsideration for Publ	ication	
any aspect of the s statistical analysis,	submitted work (including	g but not limited to grants, o	. , .	ommercial, private foundation, etc.) for lesign, manuscript preparation,
Section 3.	Relevant financial	activities outside the	submitted work.	
of compensation clicking the "Ado	n) with entities as descr	ribed in the instructions. Uport relations with the relationships that we	Use one line for each entity;	elationships (regardless of amount add as many lines as you need by months prior to publication.
Section 4.	Intellectual Prope	rty Patents & Copyr	ights	
Do you have any	patents, whether plan	nned, pending or issued, k	proadly relevant to the work	x? ☐ Yes ✓ No

Nielsen 2



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Bygum 1



Section 1.	Identifying Inforr	mation		
1. Given Name (Fi Anette	rst Name)	2. Surname (Last Name) Bygum		3. Date 14-February-2021
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Nai	me
5. Manuscript Title Kutane karmalfo		ve mistanke om cerebral i	nvolvering	
6. Manuscript Ide	ntifying Number (if you k	know it)		
Section 2.				
Did you or your in:	stitution at any time reco submitted work (includin			mmercial, private foundation, etc.) for esign, manuscript preparation,
Are there any rel	evant conflicts of inte	rest? Yes V No		
Section 3.	Relevant financia	l activities outside the	submitted work.	
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Are there any rel	evant conflicts of inter	rest? Yes ✓ No		
Section 4.	Intellectual Prope	erty Patents & Copyr	rights	
Do you have any	patents, whether plar	nned, pending or issued, l	broadly relevant to the work?	? ☐ Yes 🗸 No

Bygum 2



Relationships not covered above
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nothing to disclose.
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patent

Kjeldsen 1



Section 1. Identifying Inform	aation		
1. Given Name (First Name) Anette	2. Surname (Last Name) Kjeldsen		3. Date 17-February-2021
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Na Anette Bygum	ime
5. Manuscript Title Kutane karmalformationer som bør give	e mistanke om cerebral in	volvering	
6. Manuscript Identifying Number (if you kn	now it)		
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Section 2. The Work Under Co	onsideration for Public	cation	
Did you or your institution at any time recei any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grants, da		
Section 3. Relevant financial	activities outside the s	submitted work.	
Place a check in the appropriate boxes i of compensation) with entities as descri clicking the "Add +" box. You should rep Are there any relevant conflicts of intere	bed in the instructions. Use port relationships that wer	se one line for each entity;	add as many lines as you need by
Section 4. Intellectual Proper	ty Patents & Copyric	yhts	
Do you have any patents, whether plani	ned, pending or issued, br	oadly relevant to the work	? ☑ Yes 🗸 No

Kjeldsen 2



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	relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
✓ Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
No other rela	ationships/conditions/circumstances that present a potential conflict of interest
I am member of	Vascern (European network of vascular diseases) HHT-WG and Lead of HHT-center OUH
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Dr. Kjeldsen rep OUH.	orts and I am member of Vascern (European network of vascular diseases) HHT-WG and Lead of HHT-center

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Tørring 1



Section 1. Identifying Inform	aation		
1. Given Name (First Name) Pernille Mathiesen	2. Surname (Last Name) Tørring		3. Date 22-February-2021
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Na Anette Bygum	ime
5. Manuscript Title Kutane karmalformationer som bør give	e mistanke om cerebral in	volvering	
6. Manuscript ldentifying Number (if you kn	now it)		
		_	
Section 2. The Work Under Co	onsideration for Public	cation	
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Do you have any patents, whether plani			? ☐ Yes 🗸 No

Tørring 2



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Dr. Pernille Tørri	ng has nothing to disclose.

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Schuster 1



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4. Are you the corr	responding author?	☐ Yes ✓ No	Corresponding Author's Na Anna Trier Heiberg Brix	me
5. Manuscript Title Kutane karmalfo		re mistanke om cerebral ir	nvolvering	
6. Manuscript lder	ntifying Number (if you kı	now it)		
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