

# ICMJE DISCLOSURE FORM

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**Date:** 20. maj 2022

**Your name:** Amalie Muus

**Manuscript title:** Miller Fisher Syndrom – en sjælden variant af Guillain-Barré Syndrom

**Manuscript number (if known):**

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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)
<b>Time frame: Since the initial planning of the work</b>			
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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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	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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**Date:** 23. maj 2022

**Your name:** Ana Guzman-Martin

**Manuscript title:** Miller Fisher Syndrom – en sjælden variant af Guillain-Barré Syndrom

**Manuscript number (if known):**

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