# ICMJE DISCLOSURE FORM

Date	<b>e</b> : 21. april 2021		
You	r name: Mette Pernille Mikke	elsen	
Mar	nuscript title: Diagnostisl	ke overvejelser ved 16-	årig pige med "multiple personligheder"
Mar	nuscript number (if known	):	
are re third comr	elated to the content of yo parties whose interests ma	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.
	ollowing questions apply to uscript only.	o the author's relationshi <sub>l</sub>	os/activities/interests as they relate to the <u>current</u>
perta	ins to the epidemiology of	hypertension, you should	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.
	m #1 below, report all sup ritems, 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)
Time	e frame: Since the initial plan	ning of the work	
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.		
			Lick TAB in last row to add extra rows
Time	o frama, past 2/ manths		onok in b in last row to dad oktila rows
111118	e frame: past 36 months		
2	Grants or contracts from	⊠ None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses		
	,		

4	Consulting fees	⊠ None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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 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

Please place an "X" next to the following statement to indicate your agreement:

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

## IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

# ICMJE DISCLOSURE FORM

Dat	<b>e</b> : 24. februar 2021		
You	r name: Anne Virring Sø	rensen	
Mai	nuscript title: Diagno	stiske overvejelser ved en 1	6-årig pige med "multiple personligheder"
Mai	nuscript number (if known)	):	
are re third comr list a The f	elated to the content of yo parties whose interests ma mitment to transparency ar relationship/activity/intere	ur manuscript. "Related" ay be affected by the cont nd does not necessarily in est, it is preferable that yo	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.  Discreption of the manuscript of the current
perta antih In ite	nins to the epidemiology of hypertensive medication, ev	hypertension, you should yen if that medication is n 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.
		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	e frame: Since the initial plan	ning of the work	
1	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.		
			Click TAB in last row to add extra rows
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		

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

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Date	<b>e</b> : 21. april 2022		
You	r name: Linda Marie Kai	Nielsen	
Mai	nuscript title: Diagn	nostiske overvejelser v	ed 16-årig pige med multiple
Mar	nuscript number (if known)	):	2 / 2
are re third comr list a The f	elated to the content of you parties whose interests ma mitment to transparency ar relationship/activity/intere	ur manuscript. "Related" ay be affected by the cont nd does not necessarily in est, it is preferable that yo	relationships/activities/interests listed below that means any relation with for-profit or not-for-profit cent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so.
perta antih In ite	nins to the epidemiology of hypertensive medication, ev	hypertension, you should yen if that medication is n 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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1	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.		
			Click TAB in last row to add extra rows
Time	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     Non	

4	Consulting fees	⊠ None
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