

# ICMJE DISCLOSURE FORM

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Date: 25. juni 2025

Your name: Cecilie Jansen

Manuscript title: Behandling af synkinesi efter facialisparese.

Manuscript number (if known):

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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| Time frame: Since the initial planning of the work |   |  |   |
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| Time frame: past 36 months |  |  |  |
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| 4  | Consulting fees  | <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 |  |
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Date: 25. juni 2025

Your name: Lea Juul Nielsen

Manuscript title: Behandling af synkinesi efter facialisparese.

Manuscript number (if known):

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Your name: Sahar Vanessa Amiri

Manuscript title: Behandling af synkinesi efter facialisparese.

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