

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.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 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 frame: Since the initial planning of the work		
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Time frame: past 36 months

2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None		
6	Payment for expert testimony	<input checked="" type="checkbox"/> None		
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None		
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None		
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		
11	Stock or stock options	<input checked="" type="checkbox"/> None		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None		
13	Other financial or non-financial interests	<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.

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Your name: Sahar Vanessa Amiri

Manuscript title: Behandling af synkinesi efter facialisparese.

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