

ICMJE DISCLOSURE FORM

Date: 7/7/2025

Your Name: Al-Hasan Hussein Dos

Manuscript Title: Mistænkt phenibutforgiftning med hjernestammeaffektion og abstinenser – en diagnostisk udfordring

Manuscript Number (if known): UFL-04-25-0348

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

ICMJE DISCLOSURE FORM

Date: 7/7/2025

Your Name: Mette Lolk

Manuscript Title: Mistænkt phenibutforgiftning med hjernestammeaffektion og abstinenser – en diagnostisk udfordring

Manuscript Number (if known): UFL-04-25-0348

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ICMJE DISCLOSURE FORM

Date: 7/7/2025

Your Name: Henrik Horwitz

Manuscript Title: Mistænkt phenibutforgiftning med hjernestammeaffektion og abstinenser – en diagnostisk udfordring

Manuscript Number (if known): UFL-04-25-0348

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ICMJE DISCLOSURE FORM

Date: 7/7/2025

Your Name: Ragnar Thomsen

Manuscript Title: Mistænkt phenibutforgiftning med hjernestammeaffektion og abstinenser – en diagnostisk udfordring

Manuscript Number (if known): UFL-04-25-0348

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Date: 7/7/2025

Your Name: Dorte Fris Palmqvist

Manuscript Title: Mistænkt phenibutforgiftning med hjernestammeaffektion og abstinenser – en diagnostisk udfordring

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Date: 7/7/2025

Your Name: Nanna Reiter

Manuscript Title: Mistænkt phenibutforgiftning med hjernestammeaffektion og abstinenser – en diagnostisk udfordring

Manuscript Number (if known): UFL-04-25-0348

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ICMJE DISCLOSURE FORM

Date: 7/7/2025

Your Name: Jimmi Malmberg Scheel Jensen

Manuscript Title: Mistænkt phenibutforgiftning med hjernestammeaffektion og abstinenser – en diagnostisk udfordring

Manuscript Number (if known): UFL-04-25-0348

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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							<table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							<table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						

		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)
4	Consulting fees	<input checked="" type="checkbox"/> None	
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	

		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)
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	

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

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