

ICMJE DISCLOSURE FORM

Date: 13/11/2025

Your Name: Jeppe Damgren Vesterager

Manuscript Title: Indications for repeated CT after mild traumatic brain injury with intracranial hemorrhage

Manuscript Number (if known): UFL-08-25-0642.R1

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 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.

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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).	x	None
3	Royalties or licenses	x	None

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	x None	
6	Payment for expert testimony	x None	
7	Support for attending meetings and/or travel	x None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	x None	
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13	Other financial or non-financial interests	x None	

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Date: 13/11/2025

Your Name: Boris Cehov

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Date: 13/11/2025

Your Name: Jens Dyrskjøt

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Your Name: Jens Jakob Riis

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