

# ICMJE DISCLOSURE FORM

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**Date:** 8. september 2025

**Your name:** Janne Bøgh Stokholm

**Manuscript title:** Outpatient vs. inpatient start of home mechanical ventilation in patients with ALS: RCT protocol

**Manuscript number (if known):**

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<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  <b>No time limit for this item.</b>	<input type="checkbox"/> <b>None</b>	
		Danish Muscular Dystrophy Foundation	My salary is funded through research grants from the Danish Muscular Dystrophy Foundation, administered via my supervisor's research account.

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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"/> <b>None</b>	
3	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b>	

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None Travel expenses for the ALS conference 2024 in Korsør. Invited speaker.	The Danish Rehabilitation Centre for Neuromuscular Diseases (RCFM) paid directly to me.
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:** 11. september 2025

**Your name:** Simone Küchen

**Manuscript title:** Outpatient vs. inpatient start of home mechanical ventilation in patients with ALS: RCT protocol

**Manuscript number (if known):**

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4	Consulting fees	<input checked="" type="checkbox"/> None	
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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
			Participation in HMV- conference (JVD/ERCA) Lyon 2025 financed by Muscular Dystrophy Foundation
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	
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**Date:** 9. september 2025

**Your name:** Kirsten Møller

**Manuscript title:** Outpatient vs. inpatient start of home mechanical ventilation in patients with ALS: RCT protocol

**Manuscript number (if known):**

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**Date:** 11. september 2025

**Your name:** Mona Ruing Gätke

**Manuscript title:** Outpatient vs. inpatient start of home mechanical ventilation in patients with ALS: RCT protocol

**Manuscript number (if known):**

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**Date:** 11. september 2025

**Your name:** anne Kathrine Stæhr RYE

**Manuscript title:** Outpatient vs. inpatient start of home mechanical ventilation in patients with ALS: RCT protocol

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		Muskelsvindfonden	Payments made to a Research Account at Rigshospitalet - Glostrup

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**Date:** 15. september 2025

**Your name:** Kirsten Svenstrup

**Manuscript title:** Outpatient vs. inpatient start of home mechanical ventilation in patients with ALS: RCT protocol

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