

ICMJE DISCLOSURE FORM

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Date: 6. oktober 2024

Your name: Emilie Bækgaard

Manuscript title: Lav-dosis Mirtazapin- en usædvanlig årsag til koma hos en ældre mand

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		
1 No time limit for this item.	<input checked="" type="checkbox"/> None	

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Time frame: past 36 months

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
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Date: 10. oktober 2024

Your name: David Levarett Buck

Manuscript title: Lav-dosis mirtazapin- en usædvanlig årsag til koma hos en ældre mand

Manuscript number (if known):

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Date: 11. oktober 2024

Your name: Jacqueline Møller Mistry

Manuscript title: Low-dose Mirtazapine as a cause of coma in an elderly male

Manuscript number (if known): UFL-07-24-0473

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Date: Klik eller tryk for at angive en dato.

Your name: Emil Osman Thybo Karanfil

Manuscript title: Low-dose Hirtazapine as a cause of coma in

Manuscript number (if known): UFL-07-24-0473 an elderly male

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Date: 9. oktober 2024

Your name: Jakob Mynster Blüdnikow

Manuscript title: Lav-dosis mirtazapin: en usædvanlig årsag til koma hos en ældre mand

Manuscript number (if known):

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