## ICMJE DISCLOSURE FORM

Date:	10/28/2024
Your Name:	Tania Mariager
Manuscript Title:	PTSD, ADHD eller narkolepsi Differentialdiagnostik, Doctor's Delay og Diagnostic Overshadowing
Manuscript Number (if known):	Click or tap here to enter text.

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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.

			vhom you have this none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time fram	ne: Since the initial plannin	g of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None		Click the tab key to add additional rows.
			Time frame: past 36 mont	hs
2	Grants or contracts from any entity (if not indicated in item #1 above).	None		

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		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)
3	Royalties or licenses	None None	
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None     Non	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring	None     Non	

		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)
	Board or Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	Novo Nordisk	Payment to me.
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None □	
13	Other financial or non-financial interests	None None	
Plea ⊠	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.		

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## ICMJE DISCLOSURE FORM

Date:	10/31/2024
Your Name:	Laura Bødker Ponsaing
Manuscript Title:	PTSD, ADHD eller narkolepsi?
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			Time frame: past 36 mont	hs
2	Grants or contracts from any entity (if not indicated in item #1 above).	×	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)
3	Royalties or licenses	None None □	
4	Consulting fees	None     Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Novo Nordisk, presentation in 2024 Novartis, presentation in 2023 Astra Zeneca, presentation in 2023	Payment to me
6	Payment for expert testimony	M None □	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	M None □	
9	Participation on a Data Safety Monitoring	X 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)
	Board or Advisory Board		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	□ None  □ Danish Society of Sleep Medicine, board member	unpaid
11	Stock or stock options	□ None  Novo Nordisk	To me
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None □	
13	Other financial or non-financial interests	None     Non	
Plea ⊠	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.		

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## ICMJE DISCLOSURE FORM

Date:	11/13/2024
Your Name:	Helene Speyer ]
Manuscript Title:	PTSD, ADHD eller narkolepsi, Differentialdiagnistik, doctors delay og diagnostoc overshadowing
Manuscript Number (if known):	UFL-10-24-0757

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2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None	
3	Royalties or licenses	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)
4	Consulting fees	None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None
6	Payment for expert testimony	None
7	Support for attending meetings and/or travel	None None
8	Patents planned, issued or pending	[⊠] None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None  I

		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	[⊠] None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	[⊠] None	
Plea [⊠]	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.		