

ICMJE DISCLOSURE FORM

Date: Oct 3rd, 2025 10/3/2025

Your Name: John Vissing

Manuscript Title: Mitokondriesygdomme – klinisk heterogenitet og fremtidige behandlingsperspektiver

Manuscript Number (if known): Click or tap here to enter text.

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.

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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)
Time frame: Since the initial planning of the work			
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		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<small>Click the tab key to add additional rows.</small>	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None	
		NOVO Nordic foundation EU grant for Becker muscular dystrophy	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>

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		Sanofi	Personal
		Dyne therapeutics	Personal
		Roche	Personal
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Edgewise therapeutics UCB Biopharma Alexion Pharmaceuticals Janssen Pharmaceuticals	Personal
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		Dyne therapeutics	
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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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: 7. oktober 2025

Your name: Elsebet Østergaard

Manuscript title: Mitokondriesygdomme – klinisk heterogenitet og fremtidige behandlingsperspektiver

Manuscript number (if known):

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Date: 6. oktober 2025

Your name: Simone Rask Nielsen

Manuscript title: Mitokondriesygdomme – klinisk heterogenitet og fremtidige behandlingsperspektiver

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Date: 6. oktober 2025

Your name: Anja Lisbeth Frederiksen

Manuscript title: Mitokondriesygdomme – klinisk heterogenitet og fremtidige behandlingsperspektiver

Manuscript number (if known):

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Anje Frødenker 6/10 - 2025

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