

ICMJE DISCLOSURE FORM

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Date: 3. juni 2025

Your name: Jimmi Nielsen

Manuscript title: Voksne med udviklingshandicaps

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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		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			
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.	<input checked="" type="checkbox"/> None	

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

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	Received speaking honoraria from H. Lundbeck and BMS
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: 30. april 2025

Your name: Anne Sabers

Manuscript title: Voksne med udviklingshandicap

Manuscript number (if known): not known

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4	Consulting fees	<input type="checkbox"/> None	
			Jazz Pharmaceuticals Denmark
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
			Jazz Pharmaceuticals Denmark
			UCB Nordic
			Angelini Pharma
6	Payment for expert testimony	<input type="checkbox"/> None	
			Jazz Pharmaceuticals Denmark
			Angelini Pharma
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
			Jazz Pharmaceuticals Denmark
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
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			Jazz Pharmaceutical Denmark
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 type="checkbox"/> None	
			Novo Nordisk Pharma, Coloplast
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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Date: 19. maj 2025

Your name: Bitten Schönewolf-Greulich

Manuscript title: Voksne med udviklingshandicap

Manuscript number (if known): UFL-04-25-0327

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Date: 30. april 2025

Your name: Jeppe Feigenberg Johansen

Manuscript title: Voksne med udviklingshandicap

Manuscript number (if known): Not known

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Date: 30. april 2025

Your name: Lise Cronberg Salem

Manuscript title: Voksne med udviklingshandicap

Manuscript number (if known):

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3	Royalties or licenses	<input type="checkbox"/> None	
		Royalties related to manuscript	Chapter about dementia in people with mental retardation in the book 'Forstå Demens*', 2022

4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
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Date: 2. juni 2025

Your name: Magnus Roland Balleby

Manuscript title: Voksne med udviklingshandikap

Manuscript number (if known):

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