

# ICMJE DISCLOSURE FORM

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Date: 8. november 2023

Your name: Jesper Kelsen

Manuscript title: Kliniske og parakliniske kriterier for hjernedød i Danmark

Manuscript number (if known): UFL-06-23-0421

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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)
<b>Time frame: Since the initial planning of the work</b>			
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<b>Time frame: past 36 months</b>			
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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 checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	Stryker Travelgrants to OATS and ESMINT meetings in 2023
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: 8. november 2023

Your name: Karen Irgens Tanderup Hansen

Manuscript title: Kliniske og parakliniske kriterier for hjernedød i Danmark

Manuscript number (if known): UFL-06-23-0421

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Date: 8. november 2023

Your name: Andreas Hjelm Brandt

Manuscript title: Kliniske og parakliniske kriterier for hjernedød i Danmark

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**Date:** 8. november 2023

**Your name:** Peter Birkeland

**Manuscript title:** Kliniske og parakliniske kriterier for hjernedød i Danmark

**Manuscript number (if known):** UFL-06-23-0421

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## Time frame: past 36 months

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



11	Stock or stock options	<b>X None</b>	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<b>X None</b>	
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Date: 8. november 2023

Your name: Marwan H. Othman

Manuscript title: Kliniske og parakliniske kriterier for hjernedød i Danmark

Manuscript number (if known): UFL-06-23-0421

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		Region Hovedstadens forskningspulje (forskningsgrant)	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	<input checked="" type="checkbox"/> None	
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Date: 8. november 2023

Your name: Trine Stavngaard

Manuscript title: Kliniske og parakliniske kriterier for hjernedød i Danmark

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Date: 8. november 2023

Your name: Niels Agerlin

Manuscript title: Kliniske og parakliniske kriterier for hjernedød i Danmark

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Date: 8. november 2023

Your name: Daniel Kondziella

Manuscript title: Kliniske og parakliniske kriterier for hjernedød i Danmark

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		Lundbeckfonden (forskningsgrant)	Novo Nordisk fonden (forskningsgrant)
		Offerfonden (forskningsgrant)	Region H (forskningsgrant)
3	Royalties or licenses	<input type="checkbox"/> None	
		Springer UK (royalties)	Diverse andre forlag (royalties)
		FADL forlag (royalties)	



4	Consulting fees	<input type="checkbox"/> None	
		Wiley (honoraria, past-Chief editor for Acta Neurologica Scandinavica)	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Medlink (honoraria)	
6	Payment for expert testimony	<input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
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