

# ICMJE DISCLOSURE FORM

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**Date:** 4. november 2025

**Your name:** Ingrid Kristine Frees

**Manuscript title:** Delayed post-hypoxic leukoencephalopathy som årsag til neuropsykiatriske symptomer

**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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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.

		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>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  <b>No time limit for this item.</b>	<input checked="" type="checkbox"/> <b>None</b>	

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

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 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:** 21. november 2025

**Your name:** Filip Kirov

**Manuscript title:** Delayed post-hypoxic leukoencephalopathy som årsag til neuropsykiatriske symptomer

**Manuscript number (if known):**

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## Time frame: past 36 months

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**Date:** 19. november 2025

**Your name:** Martin Langeskov Christensen

**Manuscript title:** Delayed post-hypoxic leukoencephalopathy som årsag til neuropsykiatriske symptomer

**Manuscript number (if known):**

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<b>Time frame: past 36 months</b>			
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		Scleroseforeningen	Til institution
		Jascha fonden	Til institution
		Hospitalsenhed Midts forskningspulje	Til institution
3	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b>	

4	Consulting fees	<input checked="" type="checkbox"/> <b>None</b>	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> <b>None</b>	
		Research support and/or teaching honoraria from <i>the Danish Parkinson's Association, Danish Physiotherapists, Sahlgrenska Universitetssjukhuset, and NordicInfu Care Denmark.</i>	
6	Payment for expert testimony	<input checked="" type="checkbox"/> <b>None</b>	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b>	
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

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