# ICMJE DISCLOSURE FORM

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**Date:** 25. februar 2025

**Your name:** Anne Kathrine Stæhr RYe

**Manuscript title:** Kronisk respirationsinsufficiens ved amyotrofisk lateral sklerosis

**Manuscript number** (if known): UFL-10-24-0720

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 following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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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)** |
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| **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.)<br><br>**No time limit for this item.** | ☒ **None** | |
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**Time frame: past 36 months**

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ☒ **None** | |
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| 3 | Royalties or licenses | ☒ **None** | |
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| 4 | Consulting fees | ☒ None | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☒ None | |
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| 6 | Payment for expert testimony | ☒ None | |
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| 7 | Support for attending meetings and/or travel | ☒ None | |
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| 8 | Patents planned, issued or pending | ☒ None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | ☒ None | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☒ None | |
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| 11 | Stock or stock options | ☒ None | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ☒ None | |
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| 13 | Other financial or non-financial interests | ☒ None | |
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**Date:** 25. februar 2025

**Your name:** Simone Küchen

**Manuscript title:** Kronisk respirationsinsufficiens ved amyotrofisk lateral sklerosis

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| 6 | Payment for expert testimony | ☒ **None** | |
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| 7 | Support for attending meetings and/or travel | ☒ **None** | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | ☒ **None** | |
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| 11 | Stock or stock options | ☒ **None** | |
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**Date:** 25. februar 2025

**Your name:** Lisette Salvesen

**Manuscript title:** Kronisk respirationsinsufficiens ved amyotrofisk lateral sklerosis

**Manuscript number** (if known): UFL-10-24-0720

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| 3 | Royalties or licenses | ☒ **None** | |
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| 4 | Consulting fees | ☒ None | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☐ None | |
| | | | Payment for presentation, Biogen, 15-06-2023 |
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| 6 | Payment for expert testimony | ☒ None | |
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| 7 | Support for attending meetings and/or travel | ☒ None | |
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| 8 | Patents planned, issued or pending | ☒ None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | ☐ None | |
| | | | Advisory Board, Biogen, 13-06-2024 |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☒ None | |
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| 11 | Stock or stock options | ☒ None | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ☒ None | |
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| 13 | Other financial or non-financial interests | ☐ None | |
| | | | PI medical trials: A. B. Science, 2022 – 2024. Cytokinetics, 2023 – 2024. Argenx, 2024 – . Novartis 2024 – .<br>SI medical trials: Biogen 2020 – 2024. |
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**Date:** 22. februar 2025

**Your name:** Jakob Udby Blicher

**Manuscript title:** Kronisk respirationsinsufficiens ved amyotrofisk lateral sklerosis

**Manuscript number** (if known): UFL-10-24-0720

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| 4 | Consulting fees | ☒ **None** | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☒ **None** | |
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| 6 | Payment for expert testimony | ☒ **None** | |
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| 7 | Support for attending meetings and/or travel | ☒ **None** | |
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| 8 | Patents planned, issued or pending | ☒ **None** | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | ☒ **None** | |
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| 11 | Stock or stock options | ☒ **None** | |
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**Date:** 22. februar 2025

**Your name:** Ditte Gry Strange

**Manuscript title:** Kronisk respirationsinsufficiens ved amyotrofisk lateral sklerosis

**Manuscript number** (if known): UFL-10-24-0720

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| 7 | Support for attending meetings and/or travel | ☒ None | |
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Ditte Gry Strange

# ICMJE DISCLOSURE FORM

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**Date:** 19. februar 2025

**Your name:** Kirsten Svenstrup

**Manuscript title:** Kronisk respirationsinsufficiens ved amyotrofisk lateral sklerosis

**Manuscript number** (if known): UFL-10-24-0720

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