Section 1. Identifying Information

1. Given Name (First Name)  
   Claudia

2. Surname (Last Name)  
   Fischer

3. Date  
   14-May-2019

4. Are you the corresponding author?  
   ☑ No

   Corresponding Author's Name  
   Christina Engel Hoei-Hansen

5. Manuscript Title  
   Experience with mTOR inhibitor everolimus in treatment of epilepsy in tuberous sclerosis complex

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  
   ☑ No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  
   ☑ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   ☑ No
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Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Section 6. Disclosure Statement

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Dr. Fischer has nothing to disclose.

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Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

Relationships not covered above.

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Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

Svarrer
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section A: Identifying Information

1. Given Name (First Name)  Eva Martha Madsen
2. Surname (Last Name) Svarrer

3. Date
   20-May-2019

4. Are you the corresponding author?  Yes [ ] No

Corresponding Author's Name
   Christina Hoei-Hansen

5. Manuscript Title
   Experience with mTOR inhibitor everolimus in treatment of epilepsy in tuberous sclerosis complex

6. Manuscript Identifying Number (if you know it)

Section B: The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes [ ] No

Section C: Relevant Financial Activities Outside the Submitted Work

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Are there any relevant conflicts of interest?  Yes [ ] No

Section D: Intellectual Property: Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes [ ] No
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the works' sponsor are outside the submitted work and should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support FROM entities that could be perceived to have influenced financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.


This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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Royalties: Funds are coming in to you or your institution due to your patent.
**ICMJE Form for Disclosure of Potential Conflicts of Interest**

### Section 1. Identifying Information

1. Given Name (First Name): Michel Gronas  
   Surname (Last Name): Frederiksen  
   Date: 19-May-2019

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title: Experience with mTOR inhibitor everolimus in treatment of epilepsy in tuberous sclerosis complex

6. Manuscript identifying Number (If you know it): __________

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
   ✔ Yes  
   No

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  
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### Section 4. Intellectual Property -- Patents & Copyrights

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Stud. med. Frederiksen has nothing to disclose.

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**Section 1. Identifying Information**

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alfred Peter</td>
<td>Born</td>
<td>19-May-2019</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
   - Yes  
   - No  
   ✔ No  

5. Manuscript Title  
   Experience with mTOR inhibitor everolimus in treatment of epilepsy in tuberous sclerosis complex

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  
   - Yes  
   - No  
   ✔ No

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Are there any relevant conflicts of interest?  
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   - No  
   ✔ No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information
1. Given Name (First Name) Christina Engel
2. Surname (Last Name) Hei-Hansen
3. Date 20-May-2019
4. Are you the corresponding author? Yes No

Section 2. The Work Under Consideration for Publication
Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Yes No

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Are there any relevant conflicts of interest? Yes No

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Dr. Hel-Hansen has nothing to disclose.

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