

#### **Instructions**

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in four parts.

## 1. Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

## 2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party — that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes". Then complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

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Bayat 1



Section 1.	Identifying Inforn	nation	
1. Given Name (Fi Allan	rst Name)	2. Surname (Last Name) Bayat	3. Effective Date (07-August-2008) 22-February-2022
4. Are you the cor	responding author?	✓ Yes No	
5. Manuscript Title Impact of geneti		ic decision-making in childhood-onset epilepsies - a	study in a tertiary epilepsy centre
6. Manuscript Idei Unknown	ntifying Number (if you kr	now it)	

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The Work Under Consideration f	or Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant		<b>V</b>	<b>V</b>	Disposition foundation (D51), the A.P. Møller foundation (20-L-0241), and the Beckett foundation (21-2-7182).	AB received financial support through the Disposition foundation (D51), the A. P. Møller foundation (20-L-0241), and the Beckett foundation (21-2-7182).	×
						ADD
2. Consulting fee or honorarium	<b>✓</b>					×
						ADD
3. Support for travel to meetings for the study or other purposes	1					×
						ADD
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>V</b>					×



The Work Under Consideration	for Pub	lication	- 1			
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	<b>√</b>					×
Provision of writing assistance, medicines, equipment, or administrative support	<b>/</b>					X ADD
7. Other	<b>√</b>					X ADD
× 71 • 61- 6 · · · · · · · 5 636 · 61 - ·						

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Relevant financial activities out	side the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	<b>V</b>					×
						ADD
2. Consultancy	<b>✓</b>					×
						ADD
3. Employment	$\checkmark$					×
						ADD
4. Expert testimony	✓					×
						ADD
5. Grants/grants pending	✓					×

Bayat 3

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



Relevant financial activities out	side the	e submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	<b>√</b>					×
						ADD
<ol><li>Payment for manuscript preparation</li></ol>	<b>✓</b>					×
						ADD
<ol><li>Patents (planned, pending or issued)</li></ol>	$\checkmark$					×
						ADD
9. Royalties	$\checkmark$					×
						ADD
<ol><li>Payment for development of educational presentations</li></ol>	<b>✓</b>					×
						ADD
11. Stock/stock options	$\checkmark$					×
						ADD
<ol> <li>Travel/accommodations/ meeting expenses unrelated to activities listed**</li> </ol>	<b>√</b>					×
•••						ADD
<ol><li>Other (err on the side of full disclosure)</li></ol>	<b>7</b>					×
						ADD
* This means money that your institution ** For example, if you report a consultance	received y above	for your eff there is no	forts. need to report tra	vel related to that consul	tancy on this line.	
Section 4						

## Section 4. Other relationships

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?

No other relationships/conditions/circumstances that present a potential conflict	of interest
---	-------------

Yes, the following relationships/conditions/circumstances are present (explain below):



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Hide All Table Rows Checked 'No'

SAVE

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Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.



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Section 1.	Identifying Inforn	nation	
1. Given Name (Fi Christina Dührin	·	2. Surname (Last Name) Fenger	3. Effective Date (07-August-2008) 22-February-2022
4. Are you the con	responding author?	Yes 🗸 No	Corresponding Author's Name Allan Bayat
5. Manuscript Title Impact of geneti		ic decision-making in child	dhood-onset epilepsies - a study in a tertiary epilepsy centre
6. Manuscript Ider	ntifying Number (if you ki	now it)	

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Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
. Grant	<b>V</b>					
						A
. Consulting fee or honorarium	$\checkmark$					
						A
<ol> <li>Support for travel to meetings for the study or other purposes</li> </ol>	$\checkmark$					
						A
Fees for participation in review activities such as data monitoring						
boards, statistical analysis, end	<b>✓</b>					
point committees, and the like						A
. Payment for writing or reviewing		_				
the manuscript	$\checkmark$					
						A
<ul> <li>Provision of writing assistance, medicines, equipment, or administrative support</li> </ul>	<b>/</b>					

Fenger 2



The Work Under Consideration for Publication								
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**			
		1				ADD		
7. Other	$\checkmark$					×		
						ADD		

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Relevant financial activities out	side the	e submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	<b>V</b>					×
						ADD
2. Consultancy	$\checkmark$					×
						ADD
3. Employment		<b>✓</b>		Amplexa Genetics	I'm employed at a company called Amplexa Genetics hired to perform the genetic testing in patients used the present manuscript	×
						ADD
4. Expert testimony	$\checkmark$					×
5. Grants/grants pending	<b>/</b>					ADD X ADD

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<sup>\*\*</sup> Use this section to provide any needed explanation.



No	Money Paid to You	Money to Your Institution*	Entity	Comments	
<b>✓</b>					>
<b>✓</b>					AE >
<b>V</b>					> AL
<b>V</b>					AC >
<b>V</b>					AD ×
<b>✓</b>					AD ×
<b>✓</b>					AD ×
<b>/</b>					AD
		You  V  U  V  V	You Institution*  I I I I I I I I I I I I I I I I I I I	You Institution*  I D D D D D D D D D D D D D D D D D D	You         Institution*           ✓         □           ✓         □           ✓         □           ✓         □           ✓         □           ✓         □           ✓         □

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Fenger 5



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Section 1.	lentifying Infor	mation	
1. Given Name (First N Tanya Ramdal	iame)	2. Surname (Last Name) Techlo	3. Effective Date (07-August-2008) 22-February-2022
4. Are you the corresp	onding author?	Yes  ✓ No	Corresponding Author's Name Allan Bayat
5. Manuscript Title Impact of genetic te	sting on therapeu	itic decision-making in ch	ildhood-onset epilepsies - a study in a tertiary epilepsy centre
6. Manuscript Identify	ing Number (if you	know it)	

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Туре	No	Money Paid	Money to Your	Name of Entity	Comments**	
1. Grant		to You	Institution*	Candy's Foundation		,
						AE
2. Consulting fee or honorarium	<b>✓</b>					>
						AD
<ol><li>Support for travel to meetings for the study or other purposes</li></ol>	$\checkmark$					>
						AD
4. Fees for participation in review activities such as data monitoring						
boards, statistical analysis, end point committees, and the like	<b>✓</b>	1				×
point committees, and the inte						AD
5. Payment for writing or reviewing the manuscript	<b>7</b>					×
the manuscript		(P.C.) 4 =	- W			AD
6. Provision of writing assistance,	<u> </u>	<del></del> -1				
medicines, equipment, or administrative support	$\checkmark$					×
echlo						



The Work Under Consider	ration for Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other	$\checkmark$					×
						ADD

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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	<b>V</b>					×
2. Consultancy	<b>✓</b>					ADD X
3. Employment	<b>V</b>					×
4. Expert testimony	$\checkmark$					ADD ×
5. Grants/grants pending	<b>V</b>					ADD ×
Payment for lectures including service on speakers bureaus	<b>/</b>					ADD X
7. Payment for manuscript preparation	<b>/</b>					ADD X

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Relevant financial activities out	ide the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
8. Patents (planned, pending or issued)	<b>/</b>					ADD X
9. Royalties	<b>√</b>					ADD X ADD
10. Payment for development of educational presentations	<b>✓</b>					X
11. Stock/stock options	<b>V</b>					×
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>V</b>					ADD X
13. Other (err on the side of full disclosure)	<b>✓</b>					×
* This means money that your institution ( ** For example, if you report a consultance)				avel related to that consult	ancy on this line.	ADD
Section 4. Other relationsh	ips					
Are there other relationships or activit potentially influencing, what you wro				o have influenced, or tha	at give the appearance of	f
✓ No other relationships/conditions.  Yes, the following relationships/co					st	

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Højte 1



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1. Given Name (Fir Anne Forsingdal	· ·	2. Surname (Last Name) Højte	3. Effective Date (07-August-2008) 22-February-2022
4. Are you the con	responding author?	Yes 🗸 No	Corresponding Author's Name Allan Bayat
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1. Grant	1					×
						ADI
2. Consulting fee or honorarium	$\checkmark$					×
						ADI
<ol><li>Support for travel to meetings for the study or other purposes</li></ol>	<b>/</b>					×
the study of other purposes						ADI
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>✓</b>					×
5. Payment for writing or reviewing	po <u>llope</u> !		auc <u>o</u> -			ADI
the manuscript	✓					×
						ADI
<ol> <li>Provision of writing assistance, medicines, equipment, or administrative support</li> </ol>	<b>√</b>					×
øjte						



The Work Unde	er Consideration for P	ublication			
Ту	pe N		Name of Entity	Comments**	
					ADD
7. Other	<b>✓</b>				×
					ADD

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1. Board membership	<b>V</b>					×
						ADD
2. Consultancy	$\checkmark$					×
						ADD
3. Employment	$\checkmark$					×
						ADD
4. Expert testimony	✓					×
	,					ADD
5. Grants/grants pending	<b>✓</b>					×
a Book of the control of the						ADD
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	$\checkmark$					×
						ADD
<ol><li>Payment for manuscript preparation</li></ol>	<b>V</b>					×

Højte 3

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<sup>\*\*</sup> Use this section to provide any needed explanation.



Re	levant financial activities outs	ide the	submit	ted work			
	Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
							ADD
8.	Patents (planned, pending or issued)	$\checkmark$					×
							ADD
9.	Royalties	$\checkmark$					×
10	Daymant for dayalanment of						ADD
10.	Payment for development of educational presentations	$\checkmark$					×
							ADD
11.	Stock/stock options	✓					ADD
12.	Travel/accommodations/						ADD
	meeting expenses unrelated to activities listed**	<b>/</b>					×
							ADD
13,	Other (err on the side of full disclosure)	$\checkmark$					×
							ADD
	his means money that your institution i For example, if you report a consultanc				ivel related to that consult	ancy on this line.	
S	ection 4. Other relationsh	•					
1997	ettion 4. Other relationsh		roadore se	auld porceive to	have influenced as the	at give the appearance of	155,48
	tentially influencing, what you wro				nave influenced, or the	at give the appearance of	
1	No other relationships/conditions,	/circums	stances the	at present a po	tential conflict of interes	st	
	Yes, the following relationships/co						
4.		1_,,	١ الأندر م	4h _u_ 4 C			
	the time of manuscript acceptance, occasion, journals may ask authors						ements.

Højte 4

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#### **Evaluation and Feedback**

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Højte 5



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Section 1.	Identifying Inform	nation		
1. Given Name (Fi Ida	rst Name)	2. Surname (Last Name) Nørgaard	3. Effective 22-Februa	e Date (07-August-2008) ary-2022
4. Are you the con	responding author?	Yes ✓ No	Corresponding Author's Name Allan Bayat	
5. Manuscript Title Impact of geneti		ic decision-making in child	hood-onset epilepsies - a study in a te	ertiary epilepsy centre
6. Manuscript Ider	ntifying Number (if you kr	now it)		

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Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
. Grant	<b>✓</b>					
2. Consulting fee or honorarium	<b>✓</b>					A
s. Support for travel to meetings for the study or other purposes	<b>✓</b>					A
. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	<b>✓</b>					
i. Payment for writing or reviewing the manuscript	<b>✓</b>					A
<ol> <li>Provision of writing assistance, medicines, equipment, or administrative support</li> </ol>	<b>V</b>					>



The Work Under Consid	eration for Pub	lication			
Туре	No	Money Paid to You	Name of Entity	Comments**	
					ADD
7. Other	<b>V</b>				×
					ADD

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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
. Board membership	<b>V</b>					
. Consultancy	<b>7</b>					THE STATE OF THE PARTY OF THE P
. Employment		<b>✓</b>		Amplexa Genetics	I'm employed at a company called Amplexa Genetics hired to perform the genetic testing in patients used the present manuscript	
. Expert testimony	<b>√</b>					
. Grants/grants pending	1					

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
6. Payment for lectures including service on speakers bureaus	<b>V</b>					×
7. Payment for manuscript preparation	<b>V</b>					AD ×
Patents (planned, pending or issued)	<b>✓</b>					AD ×
9. Royalties	<b>/</b>					AD ×
Payment for development of educational presentations	<b>✓</b>					AD X
1. Stock/stock options	<b>√</b>					AD X
Travel/accommodations/     meeting expenses unrelated to     activities listed**	<b>✓</b>					ADI ×
3. Other (err on the side of full disclosure)	·					ADI ×
* This means money that your institution ** For example, if you report a consultanc				ivel related to that consulta	ency on this line.	ADI

# 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? No other relationships/conditions/circumstances that present a potential conflict of interest

Yes, the following relationships/conditions/circumstances are present (explain below):



At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

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Hansen 1



Section 1.	Identifying Infor	mation	
1. Given Name (F Thomas Folkma		2. Surname (Last Name Hansen	3. Effective Date (07-August-2008) 22-February-2022
4. Are you the co	rresponding author?	☐ Yes   ✓ No	Corresponding Author's Name Allan Bayat
5. Manuscript Titl Impact of genet		itic decision-making in ch	nildhood-onset epilepsies - a study in a tertiary epilepsy centre
6. Manuscript Ide	ntifying Number (if you l	know it)	

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The Work Under Consideration for Publication									
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**				
1. Grant			<b>V</b>	Candy's Foundation		×			
						ADD			
2. Consulting fee or honorarium	$\checkmark$					×			
						ADD			
<ol><li>Support for travel to meetings for the study or other purposes</li></ol>	$\checkmark$					×			
						ADD			
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>✓</b>					×			
						ADD			
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	$\checkmark$					×			
						ADD			
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	<b>V</b>					×			
Hansen						2			



The Work Under Consideration for Publication								
Туре	No	Money Paid to You		Name of Entity	Comments**			
						ADD		
7. Other	<b>✓</b>					×		
						ADD		

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Relevant financial activities outside the submitted work								
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments			
1. Board membership	<b>√</b>					×		
2. Consultancy	<b>✓</b>					X ADD		
3. Employment	<b>7</b>					×		
4. Expert testimony	<b>✓</b>					ADD X		
5. Grants/grants pending	<b>V</b>					X		
6. Payment for lectures including service on speakers bureaus	<b>V</b>					×		
7. Payment for manuscript preparation	<b>V</b>					ADD X		

Hansen 3

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



Relevant financial activities out	side th	e submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
<ol><li>Patents (planned, pending or issued)</li></ol>	$\checkmark$					×
		_				ADD
9. Royalties	$\checkmark$					X
10. Payment for development of	r					ADD
educational presentations	<b>✓</b>	Ш				×
11 Stock/stock options		<del></del>				ADD
11. Stock/stock options	<b>✓</b>					ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>V</b>					×
13. Other (err on the side of full disclosure)	<b>✓</b>					ADD ×
* This means money that your institution ** For example, if you report a consultance  Section 4.	y above t			vel related to that consult	ancy on this line.	ADD
Other relations						
Are there other relationships or activi potentially influencing, what you wro				have influenced, or tha	t give the appearance o	of
✓ No other relationships/conditions  Yes, the following relationships/co					t	
At the time of manuscript acceptance On occasion, journals may ask author						tements.

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Rubboli 1



Section 1.	Identifying Infor	nation		
1. Given Name (Fi Guido	irst Name)	2. Surname (Last Name) Rubboli		Effective Date (07-August-2008) -February-2022
4. Are you the cor	responding author?	Yes No	Corresponding Author's Name Allan Bayat	
5. Manuscript Title Impact of genet		tic decision-making in chil	dhood-onset epilepsies - a stud	y in a tertiary epilepsy centre
•	ntifying Number (if you k ic testing on therapeu	now it) tic decision-making in chil	#	

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The Work Under Consideration	The Work Under Consideration for Publication									
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**					
1. Grant	<b>/</b>					×				
2. Consulting fee or honorarium	<b>V</b>					X ADD				
Support for travel to meetings for the study or other purposes	<b>/</b>					×				
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	<b>/</b>					X				
Payment for writing or reviewing the manuscript	<b>✓</b>					×				
Provision of writing assistance,     medicines, equipment, or     administrative support	<b>/</b>					× ×				
Rubboli						2				



The Work Under Consideration for Publication									
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**				
						ADD			
7. Other	$\checkmark$					×			
						ADD			

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Relevant financial activities outside the submitted work							
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
1. Board membership	<b>V</b>					×	
2. Consultancy	<b>V</b>					ADD ×	
3. Employment	<b>/</b>					X	
4. Expert testimony	<b>/</b>					X	
5. Grants/grants pending	<b>✓</b>					X ADD	
Payment for lectures including service on speakers bureaus	<b>√</b>					× ADD	
7. Payment for manuscript preparation	<b>✓</b>					×	

Rubboli 3

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<sup>\*\*</sup> Use this section to provide any needed explanation.



Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
<ol><li>Patents (planned, pending or issued)</li></ol>	$\checkmark$					×
9. Royalties	<b>V</b>					ADD
9. Noyaities	<u>\</u>					ADD
10. Payment for development of educational presentations	<b>√</b>					×
			_			ADD
11. Stock/stock options	<b>√</b>					ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>V</b>					×
13. Other (err on the side of full disclosure)	<b>✓</b>					X ADD
* This means money that your institution ** For example, if you report a consultance	received y above t	for your eff there is no	forts. need to report tra	vel related to that consul	Itancy on this line.	
Section 4. Other relationsh	nips					
Are there other relationships or activi potentially influencing, what you wro				have influenced, or th	nat give the appearance o	of

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Hide All Table Rows Checked 'No'

Yes, the following relationships/conditions/circumstances are present (explain below):

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Rubboli



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Møller



Section 1.	ldentifying Infor	nation	
1. Given Name (Fii Rikke	rst Name)	2. Surname (Last Name) Møller	3. Effective Date (07-August-2008) 01-March-2022
4. Are you the con	responding author?	Yes   ✓ No	Corresponding Author's Name Allan Bayat
5. Manuscript Title Impact of geneti		tic decision-making in child	lhood-onset epilepsies - a study in a tertiary epilepsy centre
6. Manuscript Ider	ntifying Number (if you k	now it)	

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Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	<b>V</b>					
						A
2. Consulting fee or honorarium	$\checkmark$					A
3. Support for travel to meetings for the study or other purposes	<b>V</b>					
L. Face for participation in roview						A
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>√</b>					
						A
5. Payment for writing or reviewing the manuscript	$\checkmark$					
						A
<ol> <li>Provision of writing assistance, medicines, equipment, or administrative support</li> </ol>	<b>/</b>					

Møller 2



The Work Under Consideration for Publication										
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**					
						ADD				
7. Other	V					×				
						ADD				

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Relevant financial activities outside the submitted work								
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments			
1. Board membership	<b>V</b>					×		
2. Consultancy		<b>√</b>		Consultant fee: UCB, Orion Pharmaceuticals		× ADD		
3. Employment	<b>V</b>					ADD ×		
4. Expert testimony	<b>V</b>					×		
5. Grants/grants pending	$\checkmark$					×		
Payment for lectures including service on speakers bureaus		<b>V</b>	<b>V</b>	Speaker honorarium: EISAI, UCB		ADD X		

Møller

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
7. Payment for manuscript preparation	V					×
Patents (planned, pending or issued)	<b>✓</b>					ADD ×
9. Royalties	<b>V</b>					X ADD
Payment for development of educational presentations	<b>✓</b>					×
11. Stock/stock options	<b>✓</b>					X ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>V</b>					X X
13. Other (err on the side of full disclosure)	<b>✓</b>					X X
* This means money that your institution ** For example, if you report a consultance				vel related to that consul	tancy on this line.	ADD
Section 4. Other relationsh	nips					
Are there other relationships or activi potentially influencing, what you wro				have influenced, or th	at give the appearance o	f
✓ No other relationships/conditions	/circum	stances th	at present a pot	ential conflict of intere	st	

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements.

Hide All Table Rows Checked 'No'

On occasion, journals may ask authors to disclose further information about reported relationships.

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Section 1.	Identifying Inforr	nation	
1. Given Name (Fii Ida	rst Name)	2. Surname (Last Name) Vogel	3. Effective Date (07-August-2008) 11-March-2022
4. Are you the cor	responding author?	Yes 🗸 No	Corresponding Author's Name Allan Bayat
5. Manuscript Title Impact of geneti		ic decision-making in chil	dhood-onset epilepsies - a study in a tertiary epilepsy centre
6. Manuscript Ider	ntifying Number (if you k	now it)	

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The Work Under Consideration	or Pub					
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	<b>V</b>					×
						ADD
2. Consulting fee or honorarium	$\checkmark$					×
						ADD
3. Support for travel to meetings for the study or other purposes	<b>√</b>					×
the study of other purposes						ADD
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>√</b>					×
						ADD
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	<b>✓</b>					×
						ADD
<ol> <li>Provision of writing assistance, medicines, equipment, or administrative support</li> </ol>	<b>✓</b>					×
ogel						2



The Work Under Consideration for Publication									
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**				
						ADD			
7. Other	$\checkmark$					×			
						ADD			

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Type of Relationship (in		Money	Money to			
alphabetical order)	No	Paid to You	Your Institution*	Entity	Comments	
1. Board membership	<b>V</b>					×
2. Consultancy	<b>V</b>					ADI X
3. Employment	<b>√</b>					ADI X
4. Expert testimony	<b>/</b>					×
5. Grants/grants pending			<b>✓</b>	Novo Nordic Foundation		×
5. Payment for lectures including service on speakers bureaus	<b>V</b>					ADI ×
. Payment for manuscript preparation	<b>✓</b>					ADI

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<sup>\*\*</sup> Use this section to provide any needed explanation.



Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						F
Patents (planned, pending or issued)	<b>V</b>					
Royalties	<b>V</b>					A
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						A
Payment for development of educational presentations	<b>✓</b>					
Charles of a series						A
Stock/stock options	$\checkmark$					A
Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>7</b>	de con				
Other (err on the side of full disclosure)	<b>√</b>					A
his means money that your institution For example, if you report a consultan  ection 4. Other relations	cy above t			el related to that consul	tancy on this line.	
e there other relationships or activ itentially influencing, what you wro				nave influenced, or th	at give the appearance o	f
No other relationships/conditions	s/circum:	stances tha	at present a poter	ntial conflict of intere	est	
Yes, the following relationships/c						
				n and, if necessary, up		

Hide All Table Rows Checked 'No'

Vogel



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Section 1. Identifying Inform	nation	
1. Given Name (First Name) (ben	2, Surname (Last Name) Bache	3. Effective Date (07-August-2008) 07-March-2022
4. Are you the corresponding author?	Yes No	Corresponding Author's Name Allan Bayat
5. Manuscript Title Impact of genetic testing on therapeuti	c decision-making in child	hood-onset epilepsies - a study in a tertiary epilepsy centre
6. Manuscript Identifying Number (if you kn	iow it)	

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The Work Under Consideration	The Work Under Consideration for Publication									
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**					
1. Grant	1					×				
2. Consulting fee or honorarium	V					ADD X ADD				
Support for travel to meetings for the study or other purposes	✓					×				
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>7</b>					ADD ×				
Payment for writing or reviewing the manuscript	<b>7</b>					ADD ×				
Provision of writing assistance, medicines, equipment, or administrative support	<b>✓</b>					ADD X				
Bache						2				



The Work Under Conside	ration for Pub	olication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other	✓					×
* This means money that your in:	stitution received	l for your off	Forts on this study			ADD

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Relevant financial activities ou	tside th	e submitt	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	<b>V</b>					×
2. Consultancy	<b>V</b>					ADD X
3. Employment	<b>V</b>					×
4. Expert testimony	<b>V</b>					ADD X
5. Grants/grants pending	$\checkmark$					×
Payment for lectures including service on speakers bureaus	<b>V</b>					ADD X
7. Payment for manuscript preparation	<b>V</b>					×

<sup>\*\*</sup> Use this section to provide any needed explanation.



Relevant financial activities out	tside the	e submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
8. Patents (planned, pending or						ADD
issued)	<b>V</b>					×
9. Royalties	<b>V</b>					ADD
10. Payment for development of	(T)					ADD
educational presentations	<b>√</b>		Ll			X
11. Stock/stock options	<b>√</b>					ADD
12. Travel/accommodations/						ADD
meeting expenses unrelated to activities listed**	<b>✓</b>					×
13. Other (err on the side of full disclosure)	<b>✓</b>					ADD ×
* This means money that your institution ** For example, if you report a consultance	received f y above th	or your effo nere is no n	orts. eed to report tra	ovel related to that consulta	ancy on this line.	*WDD
Section 4. Only and a signal of the section 4.						
Other relationsh	America St.		uld managina to			40
Are there other relationships or activity potentially influencing, what you wro	ties that i te in the	readers co submitted	uia perceive to  work?	nave influenced, or that	t give the appearance o	r
No other relationships/conditions					:	
Yes, the following relationships/co	maitions,	/CIrcumsta	inces are prese	ent (explain below):		
At the time of manuscript acceptance On occasion, journals may ask authors	, journals to disclo	will ask au ose further	ithors to confi information a	rm and, if necessary, upd bout reported relationsh	late their disclosure stat nips.	ements.
Hide All Tab	le Hoves	Checked '	No'	SAVE		



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Fagerberg 1



Given Name (First Name) Christina	<ol><li>Surname (Last Name)</li><li>Fagerberg</li></ol>	3. Effective Date (07-August-2008 03-October-2022
4. Are you the corresponding author?	Yes 🗸 No	Corresponding Author's Name Allan Bayat
5. Manuscript Title Impact of genetic testing on therape	eutic decision-making in child	dhood-onset epilepsies - a study in a tertiary epilepsy centre

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The Work Under Consideration	for Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	1					×
2. Consulting fee or honorarium	<b>✓</b>					ADD ×
Support for travel to meetings for the study or other purposes	<b>7</b>					ADD ×
						ADD
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>V</b>					×
E. Daymont for writing and a significant						ADD
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	$\checkmark$					×
6 Provision of weighten and the						ADD
<ol> <li>Provision of writing assistance, medicines, equipment, or administrative support</li> </ol>	<b>V</b>					×



The Work Under Conside	ration for Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
7 01	_					ADD
7. Other	<b>✓</b>					×
						ADD

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1. Board membership	<b>√</b>					×
2. Consultancy	<b>√</b>					ADI
3. Employment	V					ADI
4. Expert testimony	<b>√</b>					ADI ×
5. Grants/grants pending	<b>V</b>					ADE
6. Payment for lectures including service on speakers bureaus	<b>V</b>					ADE ×
7. Payment for manuscript preparation	<b>V</b>					ADD ×

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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
8. Patents (planned, pending or						AD
issued)	<b>7</b>					>
). Royalties	<b>7</b>					AD X
	٠	<b>L</b>				AD
Payment for development of educational presentations	<b>V</b>					×
Stock/stock options	<b>V</b>					AD ×
<ol> <li>Travel/accommodations/ meeting expenses unrelated to activities listed**</li> </ol>	<b>✓</b>					AD ×
3. Other (err on the side of full disclosure)	<b>/</b>					AD ×
This means money that your institutio  For example, if you report a consultar  Section 4.	icy above t	for your effo here is no n	orts. eed to report trav	el related to that consul	tancy on this line.	AD
Other relations						
re there other relationships or activotentially influencing, what you wr	ities that ote in the	readers co submitted	uld perceive to l d work?	nave influenced, or th	at give the appearance o	f
No other relationships/condition	ıs/circums	tances tha	t present a pote	ntial conflict of intere	st	
Yes, the following relationships/						
the time of manuscript acceptanc	e, journals	s will ask a	uthors to confirm	n and, if necessary, up	idate their disclosure stat	tement

Fagerberg



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Hjortshøj 1



Section 1.	Identifying Inforr	mation		
1. Given Name (Fir Tina Duelund	st Name)	2. Surname (Last Nam Hjortshøj	ne)	3. Effective Date (07-August-2008) 10-March-2022
4. Are you the corr	esponding author?	Yes V No	Corresponding Author's Nat	me
<ol><li>Manuscript Title Impact of genetic</li></ol>		ic decision-making in o	:hildhood-onset epilepsies - a st	tudy in a tertiary epilepsy centre
6. Manuscript Iden	tifying Number (if you k	now it)		

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Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
. Grant	<b>✓</b>					
. Consulting fee or honorarium	<b>7</b>					A
. Support for travel to meetings for the study or other purposes	<b>V</b>					A
. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	<b>7</b>					A
. Payment for writing or reviewing the manuscript	<b>✓</b>					A
Provision of writing assistance, medicines, equipment, or administrative support	<b>✓</b>					AI



The Work Under Conside	ration for Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other	<b>✓</b>					×
						ADD

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2. Consultancy	<b>/</b>					A
3. Employment	$\checkmark$					
4. Expert testimony	$\checkmark$					A
5. Grants/grants pending	<b>V</b>					A
5. Payment for lectures including service on speakers bureaus	<b>7</b>					A
7. Payment for manuscript preparation	<b>V</b>					Al

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<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



Relevant financial activities out	side the	e submit	ted work					
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments			
						ADD		
<ol><li>Patents (planned, pending or issued)</li></ol>	<b>✓</b>					×		
		,				ADD		
9. Royalties	$\checkmark$					×		
Payment for development of educational presentations	7					ADD ×		
						ADD		
11. Stock/stock options	$\checkmark$					×		
						ADD		
<ol> <li>Travel/accommodations/ meeting expenses unrelated to activities listed**</li> </ol>	<b>√</b>					×		
						ADD		
<ol><li>Other (err on the side of full disclosure)</li></ol>	<b>/</b>					×		
* This means money that your institution received for your efforts.  ** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.								
Section 4. Other relationsh	ips			Section 10				
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?								
✓ No other relationships/conditions/circumstances that present a potential conflict of interest								
Yes, the following relationships/conditions/circumstances are present (explain below):								
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.								
W. Allen	-l- B		III -	CAVE				



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#### Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in four parts.

# 🚺 Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

# The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party — that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes". Then complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

# Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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 work's sponsor that are outside the submitted work 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 ONLY from entities that could be perceived to be affected 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.

# Other relationships.

Use this section to report 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.

Faurholdt Lauridsen



Section 1. Identifying	Information							
1 Given Name (First Name) Mathilde	2. Surname (Last Name) Faurholdt Lauridsen	3. Effective Date (07-August-2008) 07-March-2022						
4. Are you the corresponding author	or? Yes 🗸 No	Corresponding Author's Name Allan Bayat						
5. Manuscript Title Impact of genetic testing on therapeutic decision-making in childhood-onset epilepsies - a study in a tertiary epilepsy centre								
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 for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the

The Work Under Consideration	for Pub	lication				
Type		Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	1					X ADD
2. Consulting fee or honorarium	$\checkmark$					X
Support for travel to meetings for the study or other purposes	$\checkmark$					× ADD
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>✓</b>					×
5. Payment for writing or reviewing the manuscript	$\checkmark$					X ADD
<ol> <li>Provision of writing assistance, medicines, equipment, or administrative support</li> </ol>	<b>7</b>					ADD X
Faurholdt Lauridsen						2



The Work Under Consideration for Publication								
Туре	No	Paid	Money to Your Institution*	Name of Entity	Comments**			
						ADD		
7. Other	$\checkmark$							
						ADD		

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

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the

Relevant financial activities outside the submitted work							
Type of Relationship (in alphabetical order)		Money Paid to You	Money to Your Institution*		Comments		
1. Board membership	<b>V</b>					×	
2. Consultancy	<b>V</b>					ADD X	
3. Employment	<b>✓</b>					×	
						ADD	
4. Expert testimony	$\checkmark$					×	
5. Grants/grants pending	<b>V</b>					X ADD	
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	$\checkmark$					×	
Payment for manuscript preparation	<b>✓</b>		L- ample				

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



Relevant financial activities outside the submitted work								
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity		Comm	ients	
8. Patents (planned, pending or issued)	<b>✓</b>							X ADD
9. Royalties	<b>V</b>							X ADD
10. Payment for development of educational presentations	<b>7</b>							×
11. Stock/stock options	<b>✓</b>							ADD X
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	$\checkmark$							ADD ×
13. Other (err on the side of full disclosure)	<b>✓</b>							ADD X
* This means money that your institution received for your efforts.  ** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.								
Section 4. Other relations	nips							
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?								
No other relationships/conditions/circumstances that present a potential conflict of interest  Yes, the following relationships/conditions/circumstances are present (explain below):								
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.								



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