## ICMJE DISCLOSURE FORM

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Date: 11. februar	2023	
Your name: Gesche Jürgens		
Manuscript title: Lægemidlers virkning på søvnen		
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.

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

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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)
Tim	Time frame: Since the initial planning of the work		
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item.			

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Time frame: past 36 months			
2	Grants or contracts from	☐ None	
	any entity (if not indicated	<i>Interreg</i> Öresund-	Payments were made to my institution
	in item #1 above).	Kattegat-Skagerrak	
		Forskningspuljemidler	Payments were made to my institution
		fra Steno Diabetes	
		Center Sjælland	
		Region Sjællands	Payments were made to my institution
		Sundhedsvidenskabelige	
		Forskningsfond	

3	Royalties or licenses	□ None	
			I have received royalties for various textbook sections
4	Consulting fees	None     Non	
5	Payment or honoraria for lectures, presentations,	None     Non	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	☑ None	
	testimony		
7	Support for attending meetings and/or travel	None	
	meetings and/or traver		
	Data da alamand l'accadan		
8	Patents planned, issued or pending		
	3		
9	Participation on a Data		
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary	☑ None	
	role in other board, society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options		
12	Receipt of equipment,	None     Non	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	N None	
13	financial interests	None     Non	

Please place an "X" next to the following statement to indicate your agreement:

 $\boxtimes$  I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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Date	e: 11. februar 2023		
	r name: Poul Jørgen Jeni	num	
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		midlers virkning på søv	/nen
Mai	nuscript number (if known)	):	
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perta antih In ite	ins to the epidemiology of ypertensive medication, ev	hypertension, you should yen if that medication is no port for the work reported	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.  d in this manuscript without time limit. For all 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)
Time	e frame: Since the initial plan		
1	All support for the present	None     Non	
	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)		
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	item.		
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Time	e frame: past 36 months		
2	Grants or contracts from	⊠ None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None     Non	

4	Consulting fees	⊠ None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None
6	Payment for expert testimony	None
7	Support for attending meetings and/or travel	None
8	Patents planned, issued or pending	None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None
11	Stock or stock options	None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None
13	Other financial or non- financial interests	⊠ None

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Dat	<b>e</b> : 9. februar 2023		
	Your name: Lone Baandrup  Manuscript title: Lægemidlers virkning på søvnen		
		midlers virkning på søv v.	nien
IVIai	nuscript number (if known	):	
are re third comr list a The f	elated to the content of yo parties whose interests ma mitment to transparency ar relationship/activity/intere following questions apply to	ur manuscript. "Related" ay be affected by the cont nd does not necessarily in est, it is preferable that yo	relationships/activities/interests listed below that means any relation with for-profit or not-for-profit tent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so.  Des/activities/interests as they relate to the current
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perta	ains to the epidemiology of	hypertension, you should	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.
	m #1 below, report all supper items, the time frame for		d in this manuscript without time limit. For all months.
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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	⊠ None	
	No time limit for this item.		
			Click TAB in last row to add extra rows
Tim	e frame: past 36 months		
2	Grants or contracts from any entity (if not indicated	None	
	in item #1 above).		
3	Royalties or licenses	None     Non	
5	Nogaritos de licenses	RA MOLIC	

4	Consulting fees	None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	⊠ None
6	Payment for expert testimony	⊠ None
7	Support for attending meetings and/or travel	⊠ None
8	Patents planned, issued or pending	⊠ None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None
11	Stock or stock options	None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None
13	Other financial or non- financial interests	⊠ None

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