# ICMJE DISCLOSURE FORM

Dat	<b>e</b> : 31. januar 2023		
You	Ir name: Nanette Mol Del	bes	
Mai	nuscript title: Søvnva	anskeligheder hos børn og u	nge med neurologiske og psykiatriske lidelser
Mai	nuscript number (if known	):	
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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
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

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.

## IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

# ICMJE DISCLOSURE FORM

Date	e: 30. januar 2023		
You	r name: Anne Virring		
Mai	nuscript title: Søvnva	anskeligheder hos børn og u	nge med neurologiske og psykiatriske lidelser
Mar	nuscript number (if known	):	
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		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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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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4	Consulting fees	None     Non	
5	Payment or honoraria for lectures, presentations,	☐ <b>None</b> AGB Pharma	honoraria for lecture
	speakers bureaus,	Takeda	honoraria for lecture
	manuscript writing or educational events	Medice	honoraria for lecture
	educational events		
6	Payment for expert testimony	None     Non	
	testimony		
7	Support for attending	☑ None	
	meetings and/or travel		
8	Patents planned, issued or	None     Non	
	pending	Z None	
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9	Participation on a Data	None	
	Safety Monitoring Board or Advisory Board		
	or Advisory board		
10	Leadership or fiduciary role in other board,	None     Non	
	society, committee or advocacy group, paid or unpaid		
11	Stock or stock options	None     Non	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None     Non	
4 -		I	
13	Other financial or non- financial interests	None     Non	

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## IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

# ICMJE DISCLOSURE FORM

Date	e: 27. januar 2023		
You	<b>r name</b> : Johanne Modvig		
Mar	nuscript title: Søvnva	anskeligheder hos børn og ur	nge med neurologiske og psykiatriske lidelser
Mar	nuscript number (if known)	):	
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2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
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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
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None
11	Stock or stock options	None
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