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Date: 12. februar 2023			
Your name: Ali Amidi			
Manuscript title: Betydning af søvn for hukommelse, indlæring og andre kognitive funktioner			
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	e frame: Since the initial plan	ning of the work	
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Tim	Time frame: past 36 months			
2	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     Non	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None Pfizer	2022
6	Payment for expert testimony	None     Non	
7	Support for attending meetings and/or travel	None     Non	
8	Patents planned, issued or pending	None     Non	
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     Non	
11	Stock or stock options	None     Non	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None     Non	

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Date	e: 12. februar 2023				
You	r name: Lisa M. Wu				
Mai	Manuscript title: Betydning af søvn for hukommelse, indlæring og andre kognitive funktioner				
	nuscript number (if known)				
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	m #1 below, report all support	•	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)		
	e frame: Since the initial plan				
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	☐ None  Kræftens Bekæmpelse	Payments made to Aarhus University Hospital for multiple grants that fund my salary.		
	No time limit for this item.				
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Time	e frame: past 36 months				
		D N			
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ <b>None</b> American Cancer Society	Payments made to Northwestern University Feinberg School of Medicine to fund salary.		
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3	Royalties or licenses	□ None			

4	Consulting fees	□ None	
		Intelligent Automation Inc.	Consulting fee paid to me for a Small Business Innovation Research Grant through the National Institutes of Health.
_		L	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☐ None University of Southern Denmark	Honoraria for presentation and fee as PhD opponent.
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	

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Dat	e: 12. februar 2023			
You	r name: Cecilie Rask Buskb	jerg		
Ma	Manuscript title: Betydning af søvn for hukommelse, indlæring og andre kognitive funktioner			
Mar	Manuscript number (if known):			
are re third comr	elated to the content of yo parties whose interests ma	ur manuscript. "Related" ay be affected by the conf nd does not necessarily in	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.	
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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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r A r	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	⊠ None		
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Time	e frame: past 36 months			
2	Grants or contracts from	⊠ None		
	any entity (if not indicated			
1	in item #1 above).			

Royalties or licenses

■ None

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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Dat	e: 12. februar 2023		
You	r name: Bobby (Robert)	Zachariae	
Ma	nuscript title: Betydning	af søvn for hukommels	e, indlæring og andre kognitive funktioner
Mai	nuscript number (if known	):	
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	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this	whom you have this relationship or indicate none (add rows as needed) nning of the work	(e.g., if payments were made to you or to your
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4	Consulting fees	□ None  Janssen-Cilag
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	□ None Phizer Lilly Amgen Sanofi
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
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