Please save/export the filled in form as PDF before submitting it to Ugeskrift for Læger or Danish Medical Journal.

<b>Date</b> : 23. januar 2023		
Your name: Poul J Jen	num	
Manuscript title:	Udredning af søvn- og døgnrytmeforstyrrelser inkl. brug af elektroniske wearables	
Manuscript number (if known):		
In the interest of transp	arency, we ask you to disclose all relationships/activities/interests listed below that	
are related to the conte	ent of your manuscript. "Related" means any relation with for-profit or not-for-profit	
Third parties whose inte	erests 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	
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.		

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Tim	Time 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		

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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## IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Dat	e: 23. januar 2023		
You	ır name: Charlotte Bjerg Pe	etersen	
Ma	nuscript title: Udredr	ning af søvn- og døgnrytmef	orstyrrelser inkl. brug af elektroniske wearables
Ma	<b>nuscript number</b> (if known	):	
are r third com	elated to the content of your parties whose interests m	our manuscript. "Related" ay be affected by the con 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.
	following questions apply t uscript only.	o the author's relationshi	os/activities/interests as they relate to the <u>current</u>
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.
	em #1 below, report all sup r items, the time frame for		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)
Tim	e frame: Since the initial plar		
1	All support for the present manuscript (e.g., funding,	None	
	provision of study		
	materials, medical writing,		
	article processing charges, etc.)		
	610.)		
	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	⊠ None	
2	any entity (if not indicated	None	
	in item #1 above).		
3	Royalties or licenses		
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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
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## IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Dat	e: 24. januar 2023		
You	ı <b>r name</b> : Laura B. Ponsaing		
Mai	nuscript title: Udredr	ning af søvn- og døgnrytmefo	orstyrrelser inkl. brug af elektroniske wearables
Mai	nuscript 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 cont 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.
	following questions apply to uscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
perta antih In ite	nins to the epidemiology of hypertensive medication, ev	hypertension, you should yen if that medication is n 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.
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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	
0	testimony	None     Non	
7	Support for attending	■ None	
	meetings and/or travel		
8	Patents planned, issued or	None     Non	
	pending		
9	Participation on a Data	None     Non	
	Safety Monitoring Board or Advisory Board		
	OI AUVISOI Y DOAI U		
10	Leadership or fiduciary	□ None	
	role in other board, society, committee or		Board member of the Danish Society of Sleep Medicine
	advocacy group, paid or unpaid		
11	Stock or stock options	None     Non	
	otook of stook options	EN MOLIC	
12	Receipt of equipment,	None     Non	
	materials, drugs, medical		
	writing, gifts or other services		
	301 11003		
13	Other financial or non-	None     Non	
	financial interests		

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<b>Date</b> : 23. januar 2023			
Your name: Natallia Su	Your name: Natallia Suhak		
Manuscript title:	Udredning af søvn- og døgnrytmeforstyrrelser inkl. brug af elektroniske wearables		
Manuscript number (if	known):		
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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  Board member of the Danish Society of Sleep Medicine
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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