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4	Consulting fees	None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Ď 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

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

Υοι	ı r name : Eva Kirkegaard	l Kiær	
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4	Consulting fees	⊠ None
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	lectures, presentations, speakers bureaus,	
	manuscript writing or educational events	
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	⊠ None
	Safety Monitoring Board or Advisory Board	
10	Leadership or fiduciary	⊠ None
	role in other board,	ZA NOTICE
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	unpaid	
11	Stock or stock options	⊠ None
12	Receipt of equipment,	⊠ None
	materials, drugs, medical writing, gifts or other services	
13	Other financial or non- financial interests	⊠ None

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Dat	te: 7. marts 2025		
You	ur name: Therese Oves	en	
Mai	nuscript title: Kronisk obstruk	tiv søvnapnø i Danmark – status p	å udredning og behandling
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11	Stock or stock options	⊠ None
12	Receipt of equipment,	⊠ None
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Dat	e: 1. marts 2025		
You	Ir name: Christian von Bi	uchwald	
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9	Participation on a Data	⊠ None
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4	Consulting fees	⊠ None
5	Payment or honoraria for	⊠ None
	lectures, presentations,	
	speakers bureaus,	
	manuscript writing or educational events	
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6	Payment for expert	⊠ None
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8	Patents planned, issued or	⊠ None
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9	Participation on a Data	⊠ None
	Safety Monitoring Board	
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10	Leadership or fiduciary	⊠ None
	role in other board,	
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	advocacy group, paid or unpaid	
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11	Stock or stock options	⊠ None
12	Receipt of equipment,	⊠ None
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	inancial interests	

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Dat	e: 11. Of april 2025		
You	ır name: kristian bruun pe	tersen	
Ma	nuscript title Kronisk obs	truktiv søvnapnø i Dan	mark status på udredning & behandling
Mai	nuscript number (if known):	
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	financial interests		
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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

You	ur name: Poul Jørgen Je	nnum	
Ma	nuscript title: Kron	sk obstruktiv søvnapnø i Dan	mark – status på udredning og behandling
Ma	nuscript number (if know	n):	
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1 2	Royalties or licenses	☑ None	
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4	Consulting fees	⊠ None		

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5	Payment or honoraria for	□ None		
	lectures, presentations,	Lundbecl	Presentation 2024	
	speakers bureaus,			
	manuscript writing or			
	educational events			
_	Downant for ownert	N Mana		
6	Payment for expert testimony	⊠ None		
	testimony			
7	Support for attending	⊠ None		
	meetings and/or travel			
	O-tt- planned issued on	KT AA		
8	Patents planned, issued or pending	⊠ None		
	pending			
9	Participation on a Data	□ None		
	Safety Monitoring Board or Advisory Board	Takeda	2024	
		L		
10	Leadership or fiduciary	⊠ None		
	role in other board,	- Controlle		
	society, committee or			
	advocacy group, paid or			
	unpaid			
11	Stock or stock options	☑ None		
12	Receipt of equipment,	⊠ None		
	materials, drugs, medical			
	writing, gifts or other			
	services			
42	01 6 11			
13	Other financial or non-	☑ None		
	financial interests			

 \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

Dat	e: 7. marts 20	25		
You	ır name:	Henrik Ja	cobsen	
Mai	nuscript title:		Kronisk Obstruktiv søvnapnø	s i Danmark – status på udredning og behandling
Mai	nuscript numbe	er (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)
			nning of the work	
1	All support for to manuscript (e.g		⊠ None	
	provision of stu	dy		
	materials, medi article processi	-		
	etc.)			
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	item.)		
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2	Grants or contra any entity (if no		⋈ None	
	in item #1 above).			
3	Royalties or lice	enses	⊠ None	
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4	Consulting fees	⊠ None
5	5 Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or	⊠ None
	educational events	
6	Daymant for amort	57.0
ן פ	Payment for expert testimony	⊠ None
	testimony	
7	Support for attending	⊠ None
	meetings and/or travel	
8	Patents planned, issued or	⊠ None
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9	Participation on a Data	☐ None
	Safety Monitoring Board	Advisory board/unpaid
	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	⊠ None
12	Receipt of equipment, materials, drugs, medical	⊠ None
	writing, gifts or other	
	services	
13	Other financial or non-	⊠ None
	financial interests	

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

Da	te: 25 marts 2025		
	ur name: Peter Darling		
		sk obstruktiv savnanna i Dan	mark-status på udredning og behandling
			mark-status pa udredning og benandling
IVI	anuscript number (if know	n):	
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	uscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>
oert antil	ains to the epidemiology on hypertensive medication, e	f hypertension, you shoule even if that medication is r	defined broadly. For example, if your manuscript d declare all relationships with manufacturers of not mentioned in the manuscript.
	er items, the time frame fo		d in this manuscript without time limit. For all months.
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	etc.)		
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2	Grants or contracts from	⊠ None	
	any entity (if not indicated in item #1 above).		
3	Royalties or licenses	⊠ None	

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

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

	te: 27. marts 2025		
You	ur name : Kristine Bjørn	dal	_
Ma	nuscript title: Kron	sk obstruktiv søvnapnø i Dar	nmark – status på udredning og behandling
Ma	nuscript number (if know	n):	
are r third com	elated to the content of y I parties whose interests r mitment to transparency	our manuscript. "Related" hay be affected by the con	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 <u>uscript only</u> .	to the author's relationshi	ps/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 mentioned in the manuscript.
	· •	oport for the work reporte r disclosure is the past 36 i	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	Specifications/Comments (e.g., if payments were made to you or to your institution)
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4	Consulting fees	⊠ None
5	lectures, presentations,	⊠ None
	speakers bureaus,	
	manus cript writing or educational events	
	educational events	
6	Payment for expert	⊠ None
	testimony	
7	Support for attending	⊠ None
	meetings and/or travel	
8	Patents planned, issued or pending	⊠ None
	Pending	
9	Participation on a Data	⊠ None
	Safety Monitoring Board	
	or Advisory Board	
10	Leadership or fiduciary	⊠ None
	role in other board,	
	society, committee or	
	advocacy group, paid or unpaid	
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11	Stock or stock options	⊠ None
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1 12	Bossint of squinment	M None
	Receipt of equipment,	⊠ None
	materials, drugs, medical	⊠ None
		⊠ None
	materials, drugs, medical writing, gifts or other	☑ None
13	materials, drugs, medical writing, gifts or other services Other financial or non-	⊠ None □ □ None
	materials, drugs, medical writing, gifts or other services	

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

I certify that I have answered every question and have notaltered the wording of any of the

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

Dat	te: 27. marts 2021		
Υοι	ır name : Asbjørn Kørvel-	Hanquist	
Ma	nuscript title: Kronis	k obstruktiv søvnapnø i Dani	mark – status på udredning og behandling
Ma	nuscript number (if known	ı): -	
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1	All support for the present manuscript (e.g., funding,	☑ None	
	provision of study		
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2	Grants or contracts from	□ None	
	any entity (if not indicated in item #1 above).	Interreg	Interreg grant for other project in sleep apnea
2	Davidaine au linnan	57.41	
3	Royalties or licenses	⊠ None	

4	Consulting fees	⊠ None
5	Payment or honoraria for lectures, presentations,	⊠ None
	speakers bureaus,	
·	manuscript writing or	
	educational events	
6	Payment for expert	⊠ None
	testimony	
	•	
7	Support for attending	⊠ None
	meetings and/or travel	
8	Patents planned, issued or	⊠ None
	pending	
9	Participation on a Data	⊠ None
9	Safety Monitoring Board	□ None
	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	⊠ None
12	Receipt of equipment,	⊠ None
	materials, drugs, medical	K3 Mone
	writing, gifts or other	
	services	
13	Other financial or non-	⊠ None
	financial interests	

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

Da	ite: Klik eller tryk for at angiv				
Yo	our name: 'THOMS	QVIST BURRE		· · · · · · · · · · · · · · · · · · ·	
М	anuscript title: KRONS	ic obstruktiv s	WNAPNO 1	DWMICK-SMITUS	PA UE
М	anuscript number (if know			l	BEHILL
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	en ne skep e sa på nyera plane mid e. Potendam tibe Cartand og ti Discos Ribros a milanaste ti Historia i til brake dualemetud Discos (Sjojing peruluste)	Name all entitles with whom you have this relationship or indicate none (add rows as needed)	Specifications/ (e.g., if payme institution)	nts were made to you or to yo	ur
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2	Grants or contracts from any entity (if not indicated in item #1 above).	None			
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4	Consulting fees	None
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5	Payment or honoraria for	☑ None
	lectures, presentations,	
	speakers bureaus,	
	manuscript writing or	
4 8	educational events	and the state of t
6	Payment for expert	None
1	testimony	
7	Support for attending	I Deb. As
′.	meetings and/or travel	None .
· '	meetings and/of traver	
8	Patents planned, issued or	None
1	pending	
9	Do-Alabara at	· ·
9	Participation on a Data	None
}	Safety Monitoring Board or Advisory Board	V
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10	Leadership or fiduciary	None
1	role in other board,	7
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}	advocacy group, paid or	
	unpaid	
11	Stock or stock options	None
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12	Receipt of equipment,	None
	materials, drugs, medical writing, gifts or other	
	services	
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13	Other financial or non-	X None
	financial interests	

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

Yo	ur name: Tina Kissow Lilo	dal	
Ma	anuscript title: Kronis	k obstruktiv søvnapnø i Dan	mark – status på udredning og behandling
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		Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)
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Royalties or licenses

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		
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7	Support for attending	⊠ None		
	meetings and/or travel			
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8	Patents planned, issued or	☑ None		
	pending			
9	Participation on a Data	☑ None		
	Safety Monitoring Board or Advisory Board			
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10	Leadership or fiduciary	☑ None		
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	society, committee or advocacy group, paid or unpaid			
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11	Stock or stock options	⊠ None		
12	Receipt of equipment,	☑ None		
	materials, drugs, medical			
	writing, gifts or other services			
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13	Other financial or non- financial interests	⊠ None		
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Manuscript title: Statusartikel OSA Manuscript number (if known): In the interest of transparency, we ask you to disclose all relationships/activities/interests listed belo are related to the content of your manuscript. "Related" means any relation with for-profit or not-for third parties whose interests may be affected by the content of the manuscript. Disclosure represent commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whe 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 communication only. The author's relationships/activities/interests should be defined broadly. For example, if your manus pertains to the epidemiology of hypertension, you should declare all relationships with manufacturer 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 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) Itime frame: Since the initial planning of the work All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	
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are related to the content of your manuscript. "Related" means any relation with for-profit or not-fo third parties whose interests may be affected by the content of the manuscript. Disclosure represent commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whe 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 gmanuscript only. The author's relationships/activities/interests should be defined broadly. For example, if your manus pertains to the epidemiology of hypertension, you should declare all relationships with manufacturer 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 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) Time frame: Since the initial planning of the work All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	
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2 Grants or contracts from any entity (if not indicated in item #1 above). None	
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4	Consulting fees	⊠ None
		M.N
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	⊠ None
		57.00
6	Payment for expert	⊠ None
	testimony	
7	Cupport for attending	Mana
7	Support for attending	⊠ None
	meetings and/or travel	
8	Patents planned, issued or	⊠ None
0		≥ None
	pending	
9	Participation on a Data	⊠ None
	Safety Monitoring Board or Advisory Board	Z ROIL
	Leadership or fiduciary	
10	Leadership or fiduciary	⊠ None
10	Leadership or fiduciary role in other board.	⊠ None
10	role in other board,	⊠ None
10	role in other board, society, committee or	⊠ None
10	role in other board, society, committee or advocacy group, paid or	⊠ None
10	role in other board, society, committee or	None
10	role in other board, society, committee or advocacy group, paid or unpaid	⊠ None ⊠ None
	role in other board, society, committee or advocacy group, paid or	
	role in other board, society, committee or advocacy group, paid or unpaid	
	role in other board, society, committee or advocacy group, paid or unpaid	⊠ None
	role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment,	
11	role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options	⊠ None
11	role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment,	⊠ None
11	role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical	⊠ None
11 12	role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services	None
11	role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-	⊠ None
11 12	role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services	None
11	role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options Receipt of equipment, materials, drugs, medical writing, gifts or other services Other financial or non-	None

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

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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