

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Alice

2. Surname (Last Name)

Clark

3. Date

08-December-2015

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Poul Jennum

5. Manuscript Title

Dårlig søvn er en trussel mod helbredet

6. Manuscript Identifying Number (if you know it)

UFL-09-15-0753

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?

 Yes No

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Are there any relevant conflicts of interest?

 Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

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Dr. Clark has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Thea	2. Surname (Last Name) Jørgensen	3. Date 08-December-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Poul Jennum
5. Manuscript Title Dårlig søvn er en trussel mod helbredet		
6. Manuscript Identifying Number (if you know it) UFL-09-15-0753		

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Dr. Jørgensen has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jens	2. Surname (Last Name) Bonke	3. Date 07-December-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Poul Jennum
5. Manuscript Title Dårlig søvn er en trussel mod helbredet		
6. Manuscript Identifying Number (if you know it) UFL-09-15-0753		

Section 2. The Work Under Consideration for Publication

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Dr. Bonke has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Allan	2. Surname (Last Name) Flyvbjerg	3. Date 10-December-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Poul Jennum
5. Manuscript Title Dårlig søvn er en trussel mod helbredet		
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None

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ICMJE

INTERNATIONAL COMMITTEE of
MEDICAL JOURNAL EDITORS

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Section 1.

Identifying Information

1. Given Name (First Name) 2. Surname (Last Name)
Anne Helene Garde
3. Date
14-December-2015
4. Are you the corresponding author? Yes No Corresponding Author's Name
Poul Jennum
5. Manuscript Title
Dårlig søvn er en trussel mod helbredet
6. Manuscript Identifying Number (if you know it)
UFL-09-15-0753

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Are there any relevant conflicts of interest? Yes No

If Yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant [?]	Personal Fees [?]	Non-Financial Support [?]	Other [?]	Comments
Vidensråd for forebygelse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Garde reports personal fees from Vidensråd for forebyggelse during the conduct of the study.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) kjeld	2. Surname (Last Name) hermansen	3. Date 05-December-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Poul Jennum
5. Manuscript Title Dårlig søvn er en trussel mod helbredet		
6. Manuscript Identifying Number (if you know it) UFL-09-15-0753		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Section 6. Disclosure Statement

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Dr. hermansen has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

KIRSTINE

2. Surname (Last Name)

KROGHOLM

3. Date

9/12/2015

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Paul Jennum

5. Manuscript Title

Dårlig søvn er en trussel mod helbredet

6. Manuscript Identifying Number (if you know it)

UFL-09-15-0753

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Krogher has nothing to disclose

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Morten

2. Surname (Last Name)
Møller

3. Date
07-November-2015

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Poul Jennum

5. Manuscript Title
Dårlig søvn er en trussel mod helbredet

6. Manuscript Identifying Number (if you know it)
UFL-09-15-0753

Section 2. The Work Under Consideration for Publication

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Dr. Møller has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Anders

2. Surname (Last Name)
Sjödín

3. Date
31-January-1955

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Poul Jennum

5. Manuscript Title
Dårlig søvn er en trussel mod helbredet

6. Manuscript Identifying Number (if you know it)
UFL-09-15-0753

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I have no conflict of interest to declare

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Bobby	2. Surname (Last Name) Zachariae	3. Date 07-December-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Poul Jennum
5. Manuscript Title Dårlig søvn er en trussel mod helbredet		
6. Manuscript Identifying Number (if you know it) UFL-09-15-0753		

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Dr. Zachariae has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Poul

2. Surname (Last Name)
Jenum

3. Date
04-December-2015

4. Are you the corresponding author? Yes No

5. Manuscript Title
Dårlig søvn er en trussel mod helbredet

6. Manuscript Identifying Number (if you know it)
UFL-09-15-0753

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