

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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4. Intellectual Property.

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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)

Charlotte Reinhardt

2. Surname (Last Name)

Pedersen

3. Date

14-August-2017

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Amalie Berring-Uldum

5. Manuscript Title

Melatonin - succes eller sovepude

6. Manuscript Identifying Number (if you know it)

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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Dr. Pedersen has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)

Amalie

2. Surname (Last Name)

Berring-Uldum

3. Date

13-July-2017

4. Are you the corresponding author?

☒ Yes

☐ No

5. Manuscript Title

MT - succes eller sovepude?

6. Manuscript Identifying Number (if you know it)

UFL-05-17-0376

Section 2. The Work Under Consideration for Publication

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Dr. Berring-Uldum has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Helle

2. Surname (Last Name)
Holst

3. Date
23-August-2017

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Amalie Berring-Uldum

5. Manuscript Title
Melatonin – succes eller sovepude?

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name) Nanette Mol	2. Surname (Last Name) Debes	3. Date 15-August-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Amalie Berring-Uldum
5. Manuscript Title Melatonin - succes eller sovepude		
6. Manuscript Identifying Number (if you know it) 		

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