

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 2. The work under consideration for publication.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Casper

2. Surname (Last Name)  
Riedel

3. Date  
01-May-2018

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name  
Poul Jennum

5. Manuscript Title  
Søvn og døgnrytmer

6. Manuscript Identifying Number (if you know it)

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Dr. Riedel 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) Line	2. Surname (Last Name) Pickering	3. Date 01-May-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Poul Jennum
5. Manuscript Title Søvn og døgnrytmer		
6. Manuscript Identifying Number (if you know it)  		

### Section 2. The Work Under Consideration for Publication

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Dr. Pickering has nothing to disclose.

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Eva

2. Surname (Last Name)

Torstensen

3. Date

01-May-2018

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Poul Jennum

5. Manuscript Title

Søvn og døgnrytmer

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1. Given Name (First Name)  
Poul

2. Surname (Last Name)  
Jennum

3. Date  
01-May-2018

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5. Manuscript Title  
Søvn og døgnrytmer

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