

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Mette

2. Surname (Last Name)
Korshøj

3. Date
03-March-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Frequency of obstructive sleep apnoea in Danish truck drivers

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Korshøj 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) Jesper	2. Surname (Last Name) Sølund	3. Date 10-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Mette Korshøj
5. Manuscript Title Frequency of obstructive sleep apnoea in Danish truck drivers		
6. Manuscript Identifying Number (if you know it)		

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Dr. Sølund has nothing to disclose.

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1. Given Name (First Name)

USE

2. Surname (Last Name)

TARNOW

3. Date

13.3.2020

4. Are you the corresponding author?

Yes

No

5. Manuscript Title

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name) Anne Margareta	2. Surname (Last Name) Banghøj	3. Date 10-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Mette Korshøj
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