ICMJE DISCLOSURE FORM

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Date: 19. marts 2025

Your name: Sofie Krarup

Manuscript title: **Outcome of Drug Induced Sedation Endoscopy in Adults with Obstructive Sleep**

Manuscript number (if known):

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The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all 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)	**Specifications/Comments (e.g., if payments were made to you or to your institution)**
Time frame: Since the initial planning of the work			
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Time frame: past 36 months

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6	Payment for expert testimony	☒ **None**	
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Date: 10. april 2025

Your name: Jannik Bertelsen

Manuscript title: Outcome of Drug Induced Sedation Endoscopy in Adults with Obstructive Sleep

Manuscript number (if known):

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Date: 10. april 2025

Your name: Kasra Zainali-Gill

Manuscript title: Outcome of Drug Induced Sedation Endoscopy in Adults with Obstructive Sleep

Manuscript number (if known):

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Date: 10. april 2025

Your name: Therese Ovesen

Manuscript title: Outcome of Drug Induced Sedation Endoscopy in Adults with Obstructive Sleep

Manuscript number (if known):

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