Date	e : 081123		
	Ir name: Emilia Ofverlind	1	
			diamagas in the Daniel National Dationt Danietes
IVIAI	Tiuscript title. Validity	y of obstructive sleep apriea	diagnoses in the Danish National Patient Register
Mar	nuscript number (if known): Unknown	
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<u>manı</u>	uscript only.		
perta antih In ite	ains to the epidemiology of hypertensive medication, e	hypertension, you should ven if that medication is n port for the work reporte	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript. d in this manuscript without time limit. For all months.
		Name all entities with	Charling /Caramanta
		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	e frame: Since the initial plar	nning of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	None Non	
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	item.		
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Time	e frame: past 36 months		
2	Grants or contracts from	None Non	
	any entity (if not indicated		
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3	Royalties or licenses		

4	Consulting fees	⊠ None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None
6	Payment for expert testimony	None
7	Support for attending meetings and/or travel	None
8	Patents planned, issued or pending	None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None
11	Stock or stock options	None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None
13	Other financial or non- financial interests	None

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date	e: 081123		
You	r name: Ida Ehlers Albe	rtsen	
Mar	nuscript title: Validit	y of obstructive sleep apnea	diagnoses in the Danish National Patient Register
Mar	nuscript number (if knowr): Unknown	
are re third comn list a	elated to the content of you parties whose interests m mitment to transparency a relationship/activity/inter	our manuscript. "Related" ay be affected by the cont nd does not necessarily in est, it is preferable that yo	relationships/activities/interests listed below that means any relation with for-profit or not-for-profit tent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so.
	uscript only.	o the author's relationship	os/activities/litterests as they relate to the <u>current</u>
perta	ins to the epidemiology of	f hypertension, you should	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.
	m #1 below, report all sup titems, the time frame for		d in this manuscript without time limit. For all 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	e frame: Since the initial pla		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	None Non	
	No time limit for this item.		
			Click TAB in last row to add extra rows
Time	e frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None	
3	· ·	Mons	
3	Royalties or licenses		

4	Consulting fees	⊠ None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None
6	Payment for expert testimony	None
7	Support for attending meetings and/or travel	None
8	Patents planned, issued or pending	None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None
11	Stock or stock options	None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None
13	Other financial or non- financial interests	None

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Date	e : 081123		
You	r name: Jesper Bille		
Mar	nuscript title: Validity	y of obstructive sleep apnea	diagnoses in the Danish National Patient Register
Mar	nuscript number (if known): Unknown	
are re third comr list a	elated to the content of yo parties whose interests manitment to transparency and relationship/activity/interes	ur manuscript. "Related" ay be affected by the cont nd does not necessarily in est, it is preferable that yo	
	ollowing questions apply to uscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
perta	ins to the epidemiology of	hypertension, you should	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.
	m #1 below, report all sup titems, the time frame for	•	d in this manuscript without time limit. For all 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	e frame: Since the initial plar		
1	All support for the present	None Non	
	manuscript (e.g., funding,		
	provision of study materials, medical writing,		
	article processing charges,		
	etc.)		
	No time limit for this		
	item.		
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Time	e frame: past 36 months		
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2	Grants or contracts from		
	any entity (if not indicated in item #1 above).		
3	<u> </u>	M None	
3	Royalties or licenses	None Non	

4	Consulting fees	⊠ None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None
6	Payment for expert testimony	None
7	Support for attending meetings and/or travel	None
8	Patents planned, issued or pending	None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None
11	Stock or stock options	None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None
13	Other financial or non- financial interests	None

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IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date	e : 081123		
You	r name: Peter Brønnum	Nielsen	
Mar	nuscript title: Validity	of obstructive sleep apnea	diagnoses in the Danish National Patient Register
Mar	nuscript number (if known): Unknown	
are re third comr	elated to the content of yo parties whose interests ma	ur manuscript. "Related" ay be affected by the cont nd does not necessarily in	relationships/activities/interests listed below that means any relation with for-profit or not-for-profit tent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so.
	ollowing questions apply to uscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
perta	ins to the epidemiology of	hypertension, you should	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.
	m #1 below, report all sup ritems, the time frame for		d in this manuscript without time limit. For all 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	e frame: Since the initial plan		
1	All support for the present	⊠ None	
	manuscript (e.g., funding,		
	provision of study		
	materials, medical writing, article processing charges, etc.) No time limit for this		
	item.		
			Click TAB in last row to add extra rows
Time	e frame: past 36 months		
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2	Grants or contracts from	☐ None	
	any entity (if not indicated in item #1 above).	Bristol-Myers Squibb/Pfizer and Daiichi-Sankyo	Research grant
		<i>J</i> -	
3	Royalties or licenses	None Non	

4	Consulting fees	□ None	
		Bayer AG, SERVIER,	Consulting fees
		and Daiichi-Sankyo	
5	Payment or honoraria for		
	lectures, presentations,	M NOTIC	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert		
	testimony	□ None	
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	☑ None	
	pending		
9	Participation on a Data	None Non	
	Safety Monitoring Board	Zivone	
	or Advisory Board		
10	Loadorchin or fiduciary	No.	
10	Leadership or fiduciary role in other board,		
	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stack or stack antions	M None	
11	Stock or stock options		
		I —	
12	Receipt of equipment,	None Non	
	materials, drugs, medical writing, gifts or other services		
13	Other financial or non-	■ None	
	financial interests		

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ICMJE Disclosure Form (Feb2023): http://icmje.org	Page 3 of 3	

Date	e: 081123		
You	r name: Thure Filskov O	vervad	
Mar	nuscript title: Validity	y of obstructive sleep apnea	diagnoses in the Danish National Patient Register
Mar	nuscript number (if known): Unknown	
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	ollowing questions apply to uscript only.	o the author's relationship	os/activities/interests as they relate to the <u>current</u>
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1	All support for the present	None Non	
	manuscript (e.g., funding,		
	provision of study materials, medical writing,		
	article processing charges,		
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Time	e frame: past 36 months		
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2	Grants or contracts from	■ None	
	any entity (if not indicated in item #1 above).		
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3	Royalties or licenses	None Non	

4	Consulting fees	⊠ None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None
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7	Support for attending meetings and/or travel	None
8	Patents planned, issued or pending	None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None
11	Stock or stock options	None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None
13	Other financial or non- financial interests	None

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