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)  
   Asbjørn

2. Surname (Last Name)  
   Kørvel-Hanquist

3. Date  
   09-April-2017

4. Are you the corresponding author?  
   ✔ Yes  
   ❌ No

5. Manuscript Title  
   Validation of the Danish STOP-Bang obstructive sleep apnoea questionnaire in a public sleep clinic

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  
   ❌ Yes  
   ✔ No

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Are there any relevant conflicts of interest?  
   ❌ Yes  
   ✔ No

---

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   ❌ Yes  
   ✔ No
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Dr. Kørvel-Hanquist has nothing to disclose.

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**Royalties:** Funds are coming in to you or your institution due to your patent
## Section 1. Identifying Information

1. Given Name (First Name) | Janko
2. Surname (Last Name) | Moritz
3. Date | 10-April-2017
4. Are you the corresponding author? | Yes
5. Manuscript Title | Validation of the Danish STOP-Bang obstructive sleep apnoea questionnaire in a public sleep clinic
6. Manuscript Identifying Number (if you know it)

### Corresponding Author’s Name
Asbjørn Kørvel-Hanquist

## Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? | Yes | No

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Are there any relevant conflicts of interest? | Yes | No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? | Yes | No
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Dr. Moritz has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Ida

2. Surname (Last Name)  
Gillberg Andersen

3. Date  
10-April-2017

4. Are you the corresponding author?  
☑ No  

Corresponding Author’s Name  
Asbjørn Kørvel-Hanquist

5. Manuscript Title  
Validation of the Danish STOP-Bang obstructive sleep apnoea questionnaire in a public sleep clinic

6. Manuscript Identifying Number (if you know it)

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Dr. Gillberg Andersen has nothing to disclose.

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1. Given Name (First Name)  
Sophie Elisabeth

2. Surname (Last Name)  
Krogh Lauritzen

3. Date  
10-April-2017

4. Are you the corresponding author?  
☐ Yes  ✔ No  

Corresponding Author’s Name  
Asbjørn Kørvel-Hanquist

5. Manuscript Title  
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Dr. Krogh Lauritzen has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
   Susanne

2. Surname (Last Name)
   Dahlgaard

3. Date
   10-April-2017

4. Are you the corresponding author? 
   Yes ✗ No

   Corresponding Author’s Name
   Asbjørn Kørvel-Hanquist

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Dr. Dahlgaard has nothing to disclose.

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