ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

   This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking “No” means that you did the work without receiving any financial support from any third party — that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check “Yes”.

3. Relevant financial activities outside the submitted work.

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

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

1. Given Name (First Name) Jesper
2. Surname (Last Name) Bille
3. Date 11-September-2018
4. Are you the corresponding author? Yes ☑ No
   Corresponding Author’s Name Milos Fuglsang
5. Manuscript Title
   No correlation between patient-reported tiredness and AHI
6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Section 6. Disclosure Statement

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Dr. Bille has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)  Milos
2. Surname (Last Name)  Fuglsang
3. Date  11-September-2018
4. Are you the corresponding author?  ✔ Yes  No
5. Manuscript Title
No correlation between patient-reported tiredness and AHI
6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)  
   Jacob

2. Surname (Last Name)  
   K. Lilja-Fischer

3. Date  
   11-September-2018

4. Are you the corresponding author?  
   Yes  ✔ No

   Corresponding Author’s Name  
   Milos Fuglsang

5. Manuscript Title  
   No correlation between patient-reported tiredness and AHI

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1. Given Name (First Name) Kristian
2. Surname (Last Name) Bruun Petersen
3. Date 11-September-2018
4. Are you the corresponding author? Yes ☑ No
   Corresponding Author’s Name Milos Fuglsang
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