

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.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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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) Bille	3. Date 11-September-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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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Are there any relevant conflicts of interest? Yes No

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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)

Section 2. The Work Under Consideration for Publication

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Dr. Fuglsang has nothing to disclose.

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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

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name) Kristian	2. Surname (Last Name) Bruun Petersen	3. Date 11-September-2018
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