

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)

Laura

2. Surname (Last Name)

Pérez-Carbonell

3. Date

17-June-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

IMPACT OF THE NOVEL CORONAVIRUS (COVID-19) PANDEMIC ON SLEEP

6. Manuscript Identifying Number (if you know it)

JTD-CUS-2020-015

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Dr. Pérez-Carbonell has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Imran	2. Surname (Last Name) Meurling	3. Date 17-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Laura Pérez-Carbonell
5. Manuscript Title IMPACT OF THE NOVEL CORONAVIRUS (COVID-19) PANDEMIC ON SLEEP		
6. Manuscript Identifying Number (if you know it) JTD-CUS-2020-015		

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Dr. Meurling has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Danielle

2. Surname (Last Name)

Wasserman

3. Date

17-June-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Laura Pérez-Carbonell

5. Manuscript Title

IMPACT OF THE NOVEL CORONAVIRUS (COVID-19) PANDEMIC ON SLEEP

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Dr. Wasserman has nothing to disclose.

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1. Given Name (First Name)

Valentina

2. Surname (Last Name)

Gnoni

3. Date

17-June-2020

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Yes No

Corresponding Author's Name

Laura Pérez-Carbonell

5. Manuscript Title

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1. Given Name (First Name) Guy	2. Surname (Last Name) Leschziner	3. Date 22-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name L Perez Carbonell
5. Manuscript Title IMPACT OF THE NOVEL CORONAVIRUS (COVID-19) PANDEMIC ON SLEEP		
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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Anna

2. Surname (Last Name)

Weighall

3. Date

26-June-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Laura Pérez-Carbonell

5. Manuscript Title

IMPACT OF THE NOVEL CORONAVIRUS (COVID-19) PANDEMIC ON SLEEP

6. Manuscript Identifying Number (if you know it)

JTD-CUS-2020-015

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

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. Weighall has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jason 2. Surname (Last Name) Ellis 3. Date 26-June-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name
Laura Pérez-Carbonell

5. Manuscript Title
IMPACT OF THE NOVEL CORONAVIRUS (COVID-19) PANDEMIC ON SLEEP

6. Manuscript Identifying Number (if you know it)
JTD-CUS-2020-015

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Sleep Research and Consulting Limited	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	JGE Is director of SRC
NHS Health Education England	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NHS Wales	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NHS Education Scotland	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Irish Rugby Football Union	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Royal College of Surgeons in Ireland	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sleep Council	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mayborn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Public Health England	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Third City	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 4. Intellectual Property -- Patents & Copyrights

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Section 6. Disclosure Statement

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Dr. Ellis reports other from Sleep Research and Consulting Limited, grants from NHS Health Education England, grants from NHS Wales, grants from NHS Education Scotland, grants from Irish Rugby Football Union, grants from Royal College of Surgeons in Ireland, grants from Sleep Council, grants from Mayborn, grants from Public Health England, grants from Third City, outside the submitted work; .

ICMJE Form for Disclosure of Potential Conflicts of Interest

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Simon

2. Surname (Last Name)

Durrant

3. Date

22-June-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Laura Pérez-Carbonell

5. Manuscript Title

IMPACT OF THE NOVEL CORONAVIRUS (COVID-19) PANDEMIC ON SLEEP

6. Manuscript Identifying Number (if you know it)

JTD-CUS-2020-015

Section 2. The Work Under Consideration for Publication

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Alanna

2. Surname (Last Name)

HARE

3. Date

21-June-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Laura Pérez-Carbonell

5. Manuscript Title

IMPACT OF THE NOVEL CORONAVIRUS (COVID-19) PANDEMIC ON SLEEP

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JTD-CUS-2020-015

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Joerg	2. Surname (Last Name) Steier	3. Date 17-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Laura Pérez-Carbonell
5. Manuscript Title IMPACT OF THE NOVEL CORONAVIRUS (COVID-19) PANDEMIC ON SLEEP		
6. Manuscript Identifying Number (if you know it) JTD-CUS-2020-015		

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