

ICMJE DISCLOSURE FORM

Date: 1 June 2023

Your Name: Nazanin Biabani

Manuscript Title: The Neurophysiologic Landscape of the Sleep Onset: a Systematic Review

Manuscript number (if known): JTD-23-325

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 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 frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

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

Please summarize the above conflict of interest in the following box:

None.

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: May 23rd 2023

Your Name: Adam Birdseye

Manuscript Title: The Neurophysiologic Landscape of the Sleep Onset: A Systematic Review

Manuscript number (if known): JTD-23-325

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4	Consulting fees	<u> X </u> None	

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ICMJE DISCLOSURE FORM

Date: 27 May 2023

Your Name: Sean Higgins

Manuscript Title: The Neurophysiologic Landscape of the Sleep Onset: a Systematic Review

Manuscript number (if known): JTD-23-325

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4	Consulting fees	__X__ None	

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None

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 24 May 2023

Your Name: Alessio Delogu

Manuscript Title: The Neurophysiologic Landscape of the Sleep Onset: a Systematic Review

Manuscript number (if known): JTD-23-325

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ICMJE DISCLOSURE FORM

Date: 27 May 2023

Your Name: Jan Rosenzweig

Manuscript Title: The Neurophysiologic Landscape of the Sleep Onset: a Systematic Review

Manuscript number (if known): JTD-23-325

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None.

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 25 May 2023

Your Name: Zoran Cvetkovic

Manuscript Title: The Neurophysiologic Landscape of the Sleep Onset: a Systematic Review

Manuscript number (if known): JTD-23-325

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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ICMJE DISCLOSURE FORM

Date: 27 May 2023

Your Name: Alexander Nesbitt

Manuscript Title: The Neurophysiologic Landscape of the Sleep Onset: a Systematic Review

Manuscript number (if known): JTD-23-325

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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None

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 26 May 2023

Your Name: Panagis Drakatos

Manuscript Title: The Neurophysiologic Landscape of the Sleep Onset: a Systematic Review

Manuscript number (if known): JTD-23-325

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3	Royalties or licenses	__X__ None	
4	Consulting fees	__X__ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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None.

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 29 May 2023

Your Name: Joerg Steier

Manuscript Title: The Neurophysiologic Landscape of the Sleep Onset: a Systematic Review

Manuscript number (if known): JTD-23-325

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ICMJE DISCLOSURE FORM

Date: 1 June 2023

Your Name: Veena Kumari

Manuscript Title: The Neurophysiologic Landscape of the Sleep Onset: a Systematic Review

Manuscript number (if known): JTD-23-325

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ICMJE DISCLOSURE FORM

Date: Feb 25th, 2020

Your Name: David O'Regan

Manuscript Title: The Neurophysiologic Landscape of the Sleep Onset: A Systematic Review

Manuscript number (if known): JTD-23-325

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	TEVA, Neurodiem, British Association of Psychopharmacology, Idorsia	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	With Closed Loop Medicine – patent pending to insomnia work.	
9	Participation on a Data Safety Monitoring Board or Advisory Board	MRC Circadian Mental Health Network Advisory Board	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	President Sleep Medicine Section, Royal Society of Medicine	
11	Stock or stock options	Closed Loop Medicine	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

DO'R has received honoraria for lectures, presentations and articles from: Neurodiem, TEVA, British Association of Psychopharmacology and Idorsia. He is on the advisory panel for the MRC Circadian Mental Health Network. He has insomnia-related patents with Closed Loop Medicine, with whom he has stock options (as a former employee). He is the current president of the Sleep Medicine Section at the Royal Society of Medicine, London.

Please place an "X" next to the following statement to indicate your agreement:

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 1 June 2023

Your Name: Ivana Rosenzweig

Manuscript Title: The Neurophysiologic Landscape of the Sleep Onset: a Systematic Review

Manuscript number (if known): JTD-23-325

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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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