



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) DONALD 2. Surname (Last Name) BLIWISE 3. Date 3/17/14

4. Are you the corresponding author? [] Yes [] No

5. Manuscript Title Increases in Duration of First Uninterrupted Sleep Period are Associated with Improvements in PSQI-Measured Sleep Quality

6. Manuscript Identifying Number (if you know it)

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? [X] Yes [] No

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication.

Are there any relevant conflicts of interest? [X] Yes [] No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? [] Yes [X] No



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Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Consultant: New England Research Institute,
Ferring Pharmaceuticals, Morehouse School of Medicine
Vantia Therapeutics, Georgia Institute of Technology

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Section 1. Identifying Information

1. Given Name (First Name) TOVE 2. Surname (Last Name) HOLM-LARSEN 3. Date 13/3-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title Increase in Duration of First Uninterrupted Sleep Period are Associated with Improvements in P500x-Measured Sleep Quality

6. Manuscript Identifying Number (if you know it)

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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Section 6 Disclosure Statement

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I am a consultant for Ferring Pharmaceutical A/S

Evaluation and Feedback

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GOBLE

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Sandra
 2. Surname (Last Name) Goble
 3. Date 17-March-2014

4. Are you the corresponding author? Yes No
 Corresponding Author's Name Donald Bliwise

5. Manuscript Title
 Increases in duration of First Uninterrupted Sleep Period are associated with improvements in PSQI Measured Sleep Quality

6. Manuscript Identifying Number (if you know it)

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Ferring Pharmaceuticals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Section 6.

Disclosure Statement

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Dr. Goble reports personal fees from Ferring Pharmaceuticals, during the conduct of the study; .

Evaluation and Feedback

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