

ICMJE DISCLOSURE FORM

Date: 10/1/2021

Your Name: Daphne Chylinski

Manuscript Title: Heterogeneity in the links between sleep arousals, amyloid-beta and cognition

Manuscript Number (if known): 152858-INS-CMED-RV-2

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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Date: 10/1/2021

Your Name: Maxime Van Egroo

Manuscript Title: Heterogeneity in the links between sleep arousals, amyloid-beta and cognition

Manuscript Number (if known): 152858-INS-CMED-RV-2

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Date: 10/1/2021

Your Name: Justinas Narbutas

Manuscript Title: Heterogeneity in the links between sleep arousals, amyloid-beta and cognition

Manuscript Number (if known): 152858-INS-CMED-RV-2

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Date: 10/27/2021

Your Name: Martin Grignard

Manuscript Title: Heterogeneity in the links between sleep arousals, amyloid-beta and cognition

Manuscript Number (if known): 152858-INS-CMED-RV-3

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ICMJE DISCLOSURE FORM

Date: 10/1/2021

Your Name: Ekaterina Koshmanova

Manuscript Title: Heterogeneity in the links between sleep arousals, amyloid-beta and cognition

Manuscript Number (if known): 152858-INS-CMED-RV-2

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: 10/1/2021

Your Name: Christian Berthomier

Manuscript Title: Heterogeneity in the links between sleep arousals, amyloid-beta and cognition

Manuscript Number (if known): 152858-INS-CMED-RV-2

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ICMJE DISCLOSURE FORM

Date: 10/1/2021

Your Name: Pierre Berthomier

Manuscript Title: Heterogeneity in the links between sleep arousals, amyloid-beta and cognition

Manuscript Number (if known): 152858-INS-CMED-RV-2

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ICMJE DISCLOSURE FORM

Date: 10/1/2021

Your Name: Marie Brandewinder

Manuscript Title: Heterogeneity in the links between sleep arousals, amyloid-beta and cognition

Manuscript Number (if known): 152858-INS-CMED-RV-2

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ICMJE DISCLOSURE FORM

Date: 10/1/2021

Your Name: Eric Salmon

Manuscript Title: Heterogeneity in the links between sleep arousals, amyloid-beta and cognition

Manuscript Number (if known): 152858-INS-CMED-RV-2

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: 10/1/2021

Your Name: Mohamed Ali Bahri

Manuscript Title: Heterogeneity in the links between sleep arousals, amyloid-beta and cognition

Manuscript Number (if known): 152858-INS-CMED-RV-2

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: 10/1/2021

Your Name: Christine Bastin

Manuscript Title: Heterogeneity in the links between sleep arousals, amyloid-beta and cognition

Manuscript Number (if known): 152858-INS-CMED-RV-2

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ICMJE DISCLOSURE FORM

Date: 10/1/2021

Your Name: Fabienne Collette

Manuscript Title: Heterogeneity in the links between sleep arousals, amyloid-beta and cognition

Manuscript Number (if known): 152858-INS-CMED-RV-2

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ICMJE DISCLOSURE FORM

Date: 10/1/2021

Your Name: Christophe Phillips

Manuscript Title: Heterogeneity in the links between sleep arousals, amyloid-beta and cognition

Manuscript Number (if known): 152858-INS-CMED-RV-2

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ICMJE DISCLOSURE FORM

Date: 10/1/2021

Your Name: Pierre Maquet

Manuscript Title: Heterogeneity in the links between sleep arousals, amyloid-beta and cognition

Manuscript Number (if known): 152858-INS-CMED-RV-2

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ICMJE DISCLOSURE FORM

Date: 10/1/2021

Your Name: Vincenzo Muto

Manuscript Title: Heterogeneity in the links between sleep arousals, amyloid-beta and cognition

Manuscript Number (if known): 152858-INS-CMED-RV-2

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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: 10/1/2021

Your Name: Gilles Vandewalle

Manuscript Title: Heterogeneity in the links between sleep arousals, amyloid-beta and cognition

Manuscript Number (if known): 152858-INS-CMED-RV-2

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 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.

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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 type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;">FRS-FNRS Belgium, F.4513.17 & T.0242.19</td><td></td></tr> <tr><td>University of Liège</td><td></td></tr> <tr><td>Fondation Recherche Alzheimer (SAO-FRA 2019/0025)</td><td></td></tr> <tr><td>Actions de Recherche Concertées (ARC SLEEPDEM 17/27-09) of the Fédération Wallonie-Bruxelles</td><td style="font-size: small;">Click the tab key to add additional rows.</td></tr> </table>	FRS-FNRS Belgium, F.4513.17 & T.0242.19		University of Liège		Fondation Recherche Alzheimer (SAO-FRA 2019/0025)		Actions de Recherche Concertées (ARC SLEEPDEM 17/27-09) of the Fédération Wallonie-Bruxelles	Click the tab key to add additional rows.	
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2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%; height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%; height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									

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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>									
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