

ICMJE DISCLOSURE FORM

Date: 3/23/2023

Your Name: Sirwan K.L. Darweesh

Manuscript Title: Vechten in de slaap: is het een REM-slaapedragsstoornis?

Manuscript Number (if known): [Click or tap here to enter text.](#)

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.

	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														
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Time frame: past 36 months														
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 30%; padding: 2px;">2023-2025</td> <td style="padding: 2px;">Project: "Heterogeneity in Prodromal Parkinson's" [\$75,000]. Edmond J. Safra Foundation.</td> </tr> <tr> <td style="padding: 2px;">2023-2025</td> <td style="padding: 2px;">Project: "Slow-SPEED Prodromal Load" [\$250,000]. Michael J Fox Foundation.</td> </tr> <tr> <td style="padding: 2px;">2022-2025</td> <td style="padding: 2px;">Project: "Slow-SPEED NL" [€500,000]. ParkinsonNL.</td> </tr> <tr> <td style="padding: 2px;">2022-2025</td> <td style="padding: 2px;">Project: "Slow-SPEED US" [\$50,000]. Davis Phinney Foundation.</td> </tr> <tr> <td style="padding: 2px;">2022-2025</td> <td style="padding: 2px;">Veni Award [€280,000]. Netherlands Organisation for Health R&D.</td> </tr> <tr> <td style="padding: 2px;">2022-2025</td> <td style="padding: 2px;">Project: "Slow-SPEED UK" [\$250,000]. Parkinson's UK.</td> </tr> </table>	2023-2025	Project: "Heterogeneity in Prodromal Parkinson's" [\$75,000]. Edmond J. Safra Foundation.	2023-2025	Project: "Slow-SPEED Prodromal Load" [\$250,000]. Michael J Fox Foundation.	2022-2025	Project: "Slow-SPEED NL" [€500,000]. ParkinsonNL.	2022-2025	Project: "Slow-SPEED US" [\$50,000]. Davis Phinney Foundation.	2022-2025	Veni Award [€280,000]. Netherlands Organisation for Health R&D.	2022-2025	Project: "Slow-SPEED UK" [\$250,000]. Parkinson's UK.
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		2021-2022	Project: "ABCD-Parkinson study" [€120,000]. Parkinson Vereniging.
		2020-2022	Project: "Allied health therapy for Parkinson's" [\$120,000]. Parkinson's Foundation.
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	
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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	<input checked="" type="checkbox"/> None	

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
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11	Stock or stock options	<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	
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	
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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.