ICMJE DISCLOSURE FORM

Date: 8/19/2025

Your Name: Christina Lang

Manuscript Title: Early brain-wide disruption of sleep microarchitecture in Amyotrophic Lateral Sclerosis.

Manuscript Number (if known): 194555-JCI-CRPH-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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		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.**	☐ **None**	
		Charcot Foundation	Funding (Partial payment of salary)
			Click the tab key to add additional rows.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	☐ **None**	
		ANR/DFG	Grant for the project FreqALS
3	Royalties or licenses	☒ **None**	

		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)
4	Consulting fees	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☐ **None**	
		Idorsia Pharmaceuticals	Payment for presentations
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☐ **None**	
		Idorsia Pharmaceuticals	Advisory Board membership
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **None**	

		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)
11	Stock or stock options	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

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

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ICMJE DISCLOSURE FORM

Date: 8/19/2025

Your Name: Simon J Guillot

Manuscript Title: Early brain-wide disruption of sleep microarchitecture in Amyotrophic Lateral Sclerosis.

Manuscript Number (if known): 194555-JCI-CRPH-RV-2

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ICMJE DISCLOSURE FORM

Date: 8/19/2025

Your Name: Dorothée Lulé

Manuscript Title: Early brain-wide disruption of sleep microarchitecture in Amyotrophic Lateral Sclerosis.

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Date: 8/19/2025

Your Name: Luisa T. Balz

Manuscript Title: Early brain-wide disruption of sleep microarchitecture in Amyotrophic Lateral Sclerosis.

Manuscript Number (if known): 194555-JCI-CRPH-RV-2

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Date: 8/19/2025

Your Name: Knehr Antje

Manuscript Title: Early brain-wide disruption of sleep microarchitecture in Amyotrophic Lateral Sclerosis.

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ICMJE DISCLOSURE FORM

Date: 8/19/2025

Your Name: Patrick Weydt

Manuscript Title: Early brain-wide disruption of sleep microarchitecture in Amyotrophic Lateral Sclerosis.

Manuscript Number (if known): 194555-JCI-CRPH-RV-2

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Date: 8/19/2025

Your Name: Johannes Dorst

Manuscript Title: Early brain-wide disruption of sleep microarchitecture in Amyotrophic Lateral Sclerosis.

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Date: 8/19/2025

Your Name: Katharina Kandler

Manuscript Title: Early brain-wide disruption of sleep microarchitecture in Amyotrophic Lateral Sclerosis.

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Date: 8/19/2025

Your Name: Hans-Peter Müller

Manuscript Title: Early brain-wide disruption of sleep microarchitecture in Amyotrophic Lateral Sclerosis.

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Date: 8/19/2025

Your Name: Jan Kassubek

Manuscript Title: Early brain-wide disruption of sleep microarchitecture in Amyotrophic Lateral Sclerosis.

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Date: 8/19/2025

Your Name: Laura Wassermann

Manuscript Title: Early brain-wide disruption of sleep microarchitecture in Amyotrophic Lateral Sclerosis.

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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.**	☒ **None**	
			Click the tab key to add additional rows.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	☒ **None**	
3	Royalties or licenses	☒ **None**	

		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)
4	Consulting fees	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **None**	

		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)
11	Stock or stock options	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **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: 8/19/2025

Your Name: Sandrine Da Cruz

Manuscript Title: Early brain-wide disruption of sleep microarchitecture in Amyotrophic Lateral Sclerosis.

Manuscript Number (if known): 194555-JCI-CRPH-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.

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	☒ **None**	
3	Royalties or licenses	☒ **None**	

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4	Consulting fees	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **None**	

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11	Stock or stock options	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

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ICMJE DISCLOSURE FORM

Date: 8/19/2025

Your Name: Francesco Roselli

Manuscript Title: Early brain-wide disruption of sleep microarchitecture in Amyotrophic Lateral Sclerosis.

Manuscript Number (if known): 194555-JCI-CRPH-RV-2

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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.**	☐ **None**	
		Bundesministerium für Forschung und Bildung (01ED2302)	In the context of the JPND program-payment to the institution
			Click the tab key to add additional rows.
		Time frame: past 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	☐ **None**	
		Deutscheforschungsgemeinschaft	Two independent grants, payment to the institution
3	Royalties or licenses	☒ **None**	

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4	Consulting fees	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **None**	

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11	Stock or stock options	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

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ICMJE DISCLOSURE FORM

Date: 8/19/2025

Your Name: Albert LUDOLPH

Manuscript Title: Early brain-wide disruption of sleep microarchitecture in Amyotrophic Lateral Sclerosis.

Manuscript Number (if known): 194555-JCI-CRPH-RV-2

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3	Royalties or licenses	☒ **None**	

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **None**	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

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ICMJE DISCLOSURE FORM

Date: 8/19/2025

Your Name: Matei Bolborea

Manuscript Title: Early brain-wide disruption of sleep microarchitecture in Amyotrophic Lateral Sclerosis.

Manuscript Number (if known): 194555-JCI-CRPH-RV-2

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Time frame: past 36 months			
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3	Royalties or licenses	☒ **None**	

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4	Consulting fees	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☐ **None**	Unpaid trustee board panel of the British Society of Neuroendocrinology

		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)
11	Stock or stock options	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

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ICMJE DISCLOSURE FORM

Date: 8/19/2025

Your Name: DUPUIS Luc

Manuscript Title: Early brain-wide disruption of sleep microarchitecture in Amyotrophic Lateral Sclerosis.

Manuscript Number (if known): 194555-JCI-CRPH-RV-2

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		Agence Nationale de la Recherche ANR-24-CE37-4064	Research funding (institution)
		Fondation Thierry Latran	Research funding (institution)
		Association Francaise de Recherche sur la sclérose latérale amyotrophique	Research funding (institution)
		Association Française contre les Myopathies (AFM-Téléthon, #28944)	Research funding (institution)
		TargetALS	Research funding (institution)
		JPND (HiCALS project).	Research funding (institution)
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	☒ **None**	
		Interdisciplinary Thematic Institute NeuroStra, as part of the ITI 2021-2028 (Idex Unistra ANR-10-IDEX-0002, ANR-20-SFRI-0012)	Research funding (institution)
3	Royalties or licenses	☒ **None**	

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4	Consulting fees	☒ **None**	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	☒ **None**	
6	Payment for expert testimony	☒ **None**	
7	Support for attending meetings and/or travel	☒ **None**	
8	Patents planned, issued or pending	☒ **None**	
9	Participation on a Data Safety Monitoring Board or Advisory Board	☒ **None**	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	☒ **None**	
		Advisory member on patients association boards (ARISLA, My Name5 Doddie, Milken Institute)	
		Advisory member on institutional panels (FCT)	

		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)
11	Stock or stock options	☒ **None**	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	☒ **None**	
13	Other financial or non-financial interests	☒ **None**	

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