

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

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3. Relevant financial activities outside the submitted work.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

Use this section to report 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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Entity: government agency, foundation, commercial sponsor, academic institution, etc.

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Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Chithra	2. Surname (Last Name) Poongkunran	3. Date 14-June-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Sairam Parthasarathy, MD
5. Manuscript Title Comparison of Physiological Performance of Four Adaptive Servo Ventilation Devices In Patients With Complex Sleep Apnea		
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

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ 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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Section 6. Disclosure Statement

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

Dr. Poongkunran has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Stuart	2. Surname (Last Name) Quan	3. Date 20-March-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Sairam Parthasarathy, MD
5. Manuscript Title Minimizing Bias in Systematic Reviews		
6. Manuscript Identifying Number (if you know it) 		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
American Academy of Sleep Medicine	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
American Board of Internal Medicine	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Quan reports personal fees from American Academy of Sleep Medicine, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)

Daniel

2. Surname (Last Name)

Combs

3. Date

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Sairam Parthasarathy

5. Manuscript Title

Comment on Greer M17-2511

6. Manuscript Identifying Number (if you know it)

L18-0164

Section 2. The Work Under Consideration for Publication

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Dr. Combs has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Sairam

2. Surname (Last Name)
Parthasarathy

3. Date
26-March-2018

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
Minimizing Bias in Systematic Reviews

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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NIH/NHLBI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HL138377, HL095799, and HL095748; Research grants to institution.
Patient Centered Outcomes Research Institute	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IHS-1306-02505; EAIN #3394-UOA; and PPRND-1507-31666. Research grants to institution
US Department of Defense	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Co-investigator for study on sleep and PTSD. PT130770; Research grant to institution (Killgore, PI)
NIH (National Cancer Institute) NCI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1R21CA184920; Research grant to institution (Martinez, PI)

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Johrei Institute	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complementary and Alternative Medicine therapy for sleep disturbance
American Academy of Sleep Medicine	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	For lectures at the AASM Winter Conference; SLEEP2014, SLEEP 2015, and SLEEP2016 meeting
National Center for Sleep Disorders Research of the NIH (NHLBI)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	For travel related to the Sleep Disorders Research Advisory Board (No honorarium)
UpToDate Inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Preparation of educational material
Younes Sleep Technologies, Ltd.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research grant to institution
Niveus Medical Inc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research grant to institution
Vapotherm, Inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Honorarium and travel for roundtable discussion
Merck, Inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speaker at roundtable (\$2,200 in 2016)
Philips-Respironics, Inc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Device for treatment of obesity-hypoventilation syndrome and COPD; Comparison of ASV devices; Bioinformatics research study; Research grants to institution
Philips-Respironics, Inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Honorarium for participation in Key Opinion Leadership summit (\$2000 in 2014) and roundtable in September 2015 (\$2,000)
Bayer, Inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Honorarium for Advisory Board meeting (\$4,000) in November 2016
Nightbalance, Inc	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant for research protocol

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☒ 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.

Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments

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Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
UA 14-018 U.S.S.N. 61/884,654; PTAS 502570970 (Home breathing device)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		This is a non-pressure based system that is intended for providing respiratory assistance during sleep in ambulatory patients

Section 5.

Relationships not covered above

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Dr. Parthasarathy reports grants from NIH/NHLBI, grants from Patient Centered Outcomes Research Institute, grants from US Department of Defense, grants from NIH (National Cancer Institute) NCI, grants from Johrei Institute, personal fees from American Academy of Sleep Medicine, non-financial support from National Center for Sleep Disorders Research of the NIH (NHLBI), personal fees from UpToDate Inc., grants from Younes Sleep Technologies, Ltd., grants from Niveus Medical Inc., personal fees from Vapotherm, Inc., personal fees from Merck, Inc., grants from Philips-Respironics, Inc., personal fees from Philips-Respironics, Inc., personal fees from Bayer, Inc., personal fees from Nightbalance, Inc, outside the submitted work; In addition, Dr. Parthasarathy has a patent UA 14-018 U.S.S.N. 61/884,654; PTAS 502570970 (Home breathing device) issued.

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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

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1. Given Name (First Name)
Sarah

2. Surname (Last Name)
Patel

3. Date
15-June-2018

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Sairam Parthasarathy

5. Manuscript Title
Minimizing Bias in Systematic Reviews (Comment on Annals.org)

6. Manuscript Identifying Number (if you know it)
L18-0164

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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.)?

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Dr. Patel has nothing to disclose.

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