

#### **Instructions**

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

Qaseem 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Amir	2. Surname (Last Name) Qaseem	3. Date 04-June-2014
4. Are you the corresponding author?	✓ Yes No	
<ul><li>5. Manuscript Title</li><li>Diagnosis of Obstructive Sleep Apnea: A College of Physicians</li><li>6. Manuscript Identifying Number (if you kn M12-3187</li></ul>	A Clinical Practice Guideline from the Clinical Guidelinow it)	nes Committee of the American
Section 2. The Work Under Co	onsideration for Publication	
any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	ive payment or services from a third party (government, cogo but not limited to grants, data monitoring board, study d est? Yes V No	
Section 3. Relevant financial	activities outside the submitted work.	
of compensation) with entities as descr	in the table to indicate whether you have financial relibed in the instructions. Use one line for each entity; port relationships that were <b>present during the 36</b> sest?	add as many lines as you need by
Section 4. Intellectual Proper	rty Patents & Copyrights	
Do you have any patents, whether plan	ned, pending or issued, broadly relevant to the work	☐ Yes ✓ No</th

Qaseem 2



Section 5. Polationships not sovered above
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?
Yes, the following relationships/conditions/circumstances are present (explain below):
✓ No other relationships/conditions/circumstances that present a potential conflict of interest
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.

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Qaseem 3



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Holty 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi Jon-Erik	rst Name)	2. Surname (Last Name) Holty	3. Date 04-June-2014
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Amir Qasseem MD, PhD
5. Manuscript Title Diagnosis of Obs College of Physic	structive Sleep Apnea: /	A Clinical Practice Guidelin	e from the Clinical Guidelines Committee of the American
	ntifying Number (if you kr	now it)	-
	I.		
Section 2.	The Work Under Co	onsideration for Public	ation
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Section 3.	Relevant financial	activities outside the s	ubmitted work.
of compensation clicking the "Add	) with entities as descri	ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount e one line for each entity; add as many lines as you need by e <b>present during the 36 months prior to publication</b> .
Section 4.	Intellectual Proper	rty Patents & Copyrig	ıhts
Do you have any		.,	oadly relevant to the work? Yes V No

Holty 2



Section 5. Bolationships not sovered abo				
Relationships not covered abo	ove			
Are there other relationships or activities that readers potentially influencing, what you wrote in the submit	could perceive to have influenced, or that give the appearance of ted work?			
Yes, the following relationships/conditions/circumstances are present (explain below):				
✓ No other relationships/conditions/circumstances	that present a potential conflict of interest			
At the time of manuscript acceptance, journals will as On occasion, journals may ask authors to disclose furt	k authors to confirm and, if necessary, update their disclosure statements ther information about reported relationships.			
Section 6. Disclosure Statement				
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Dr. Holty has nothing to disclose.				

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



Section 1			
Section 1. Identifying Inform	nation		
Given Name (First Name) Paul	2. Surname (Last Name) Shekelle		3. Date 10-June-2014
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Auth	nor's Name
5. Manuscript Title Diagnosis of Obstructive Sleep Apnea: A College of Physicians	A Clinical Practice Guidelii	ne from the Clinical G	uidelines Committee of the American
6. Manuscript Identifying Number (if you kn M12-3187	now it)		
Section 2. The Work Under Co	onsideration for Publi	cation	
any aspect of the submitted work (including statistical analysis, etc.)?	but not limited to grants, d		nent, commercial, private foundation, etc.) for tudy design, manuscript preparation,
Are there any relevant conflicts of intere			
If yes, please fill out the appropriate info Excess rows can be removed by pressing		ve more than one en	tity press the "ADD" button to add a row.
Name of Institution/Company	Grant•	n-Financial Support	Comments
Agency for Healthcare Research and Quality	<b>V</b>		We were funded by AHRQ to conduct a surveillance assessment on the topic.
Section 3. Polyvent financial	activities outside the	culamitted would	
Relevant linancial	activities outside the	submitted work.	
Place a check in the appropriate boxes i of compensation) with entities as descri clicking the "Add +" box. You should rep	bed in the instructions. U	se one line for each e	
Are there any relevant conflicts of interes	est? ✓ Yes No		
If yes, please fill out the appropriate info	ormation below.		
Name of Entity	Grant•	n-Financial Other	Comments
ECRI			National Guidelines Clearninghouse
Veterans Affairs			Employment



Name of Entity	Grant? Personal Fees?	Non-Financial Support? Oth	Comments	
AHRQ, VA, CMS, ONC	<b>✓</b>		Grants/grants pendin	g
Section 4. Intellectual Proper	ty Patents & Cop	yrights		
Do you have any patents, whether planr	ned, pending or issue	d, broadly relevant to	the work? 🗸 Yes	No
If yes, please fill out the appropriate info	ormation below. If you	•		outton to add a row.
Excess rows can be removed by pressing	g the "X" button.			
Patent <sup>?</sup> Pendir	ng <mark>?</mark>   Issued <mark>?</mark> Licenso	ed?Royalties?Lic	ensee? Comment	s
UpToDate		<b>√</b>		
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Yes, the following relationships/cond	ditions/circumstances	s are present (explain	below):	
✓ No other relationships/conditions/ci	rcumstances that pre	sent a potential conf	lict of interest	
At the time of manuscript acceptance, jo	ournals will ask autho	rs to confirm and if n	ecessary undate their di	sclosure statements
On occasion, journals may ask authors to				sciosare statements.
Section 6. Disclosure Stateme	- m t			
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Owens 1



Section 1.	dentifying Inform	ation	
1. Given Name (First Douglas	Name)	2. Surname (Last Name) Owens	3. Date 17-June-2014
4. Are you the corres	sponding author?	Yes No	
College of Physicia		Clinical Practice Guideline from the Clinical Guidelin	nes Committee of the American
m12-3187	rying Number (ii you kii		
Section 2.	he Work Under Co	onsideration for Publication	
Did you or your instit any aspect of the sub statistical analysis, etc	ution <b>at any time</b> recei mitted work (including	ve payment or services from a third party (government, co but not limited to grants, data monitoring board, study de	
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Place a check in the of compensation) v clicking the "Add +	e appropriate boxes in with entities as descri	n the table to indicate whether you have financial relocations. Use one line for each entity; a port relationships that were <b>present during the 36</b> m	add as many lines as you need by
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Jection 4.	ntellectual Proper	ty Patents & Copyrights	
Do you have any pa	atents, whether planr	ned, pending or issued, broadly relevant to the work	? Yes 🗸 No

Owens 2



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dallas 1



Identifying Info			- 111111
1. Given Name (First Name) apostolos	2. Surname (Last Name) dallas		3. Date 25-June-2014
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Aut Amir Qaseem	hor's Name
College of Physicians"		ine from the Clinical	Guidelines Committee of the America
5. Manuscript Identifying Number (if you	u know it)		
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Section 2. The Work Under	r Consideration for Publi	cation	
The work onde	r Consideration for Publi	Cation	
Old you or your institution <b>at any time</b> ro any aspect of the submitted work (includ statistical analysis, etc.)?			ment, commercial, private foundation, etc. study design, manuscript preparation,
Are there any relevant conflicts of int	terest? Yes ✓ No		
Are there any relevant conflicts of in	terest?  Yes ✓ No		
Are there any relevant conflicts of in:	terest?		
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Section 2	terest? Yes ✓ No	submitted work.	
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Dr. dallas reports other from Glaxo, other from sanofi, other from pfizer, other from ortho, other from merck, outside the submitted work; .

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Starkey 1



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Section 5. Relationships not covered above
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1. Given Name (First Name) Thomas	2. Surname (Last Name) Denberg	3. Date 05-June-2014
4. Are you the corresponding author?	Yes No	Corresponding Author's Name
5. Manuscript Title Diagnosis of Obstructive Sleep Apr	nea: A Clinical Practice Guidelin	Amir Qaseem ne
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identifying iiilo	rmation	
Given Name (First Name)  Roger	2. Surname (Last Name) Chou	3. Date 05-June-2014
4. Are you the corresponding author?	Yes No Correspond	ding Author's Name
5. Manuscript Title Diagnosis of Obstructive Sleep Apne	a: A Clinical Practice Guideline	I dentifying information.  The work under consideration
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1. Given Name (First Name) Robert	2. Surname (Last Name Hopkins	3. Date 13-July-2014
4. Are you the corresponding a	uthor? Yes V No	Corresponding Author's Name Amir Qaseem, MD
5. Manuscript Title Diagnosis of Obstructive Slee College of Physicians	ep Apnea: A Clinical Practice Guide	eline from the Clinical Guidelines Committee of the American
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Section 5.	Relationships not covered above
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earning royalties or not

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



1. Given Name (First Name) Mary Ann	2. Surname (Last Name) Forciea	3. Date 20-May-2014
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Amir Quaseem
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### Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

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1. Given Name (First Name) Molly	2. Surname (Last Nar Cooke	ne) 3. Effective Date (07-August-2008 06-June-2014
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Amir Qaseem MD
5. Manuscript Title Diagnosis of Obstructive Sleep Apnea	a: A Clinical Practice Gui	deline from the Clinical Guidelines Committee of the ACP

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Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

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<ol> <li>Provision of writing assistance, medicines, equipment, or administrative support</li> </ol>	<b>✓</b>					×



The Work Under Consideration for Publication							
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### 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 submission.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

Relevant financial activities outside the submitted work							
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
1. Board membership	<b>✓</b>			National Board of Medical Examiners	Volunteer service	X	
2. Consultancy		$\checkmark$		University of Texas		×	
3. Employment		<b>√</b>		UCSF		X	
4. Expert testimony	<b>√</b>					X	
5. Grants/grants pending	<b>√</b>					X	
6. Payment for lectures including service on speakers bureaus	<b>✓</b>					×	
7. Payment for manuscript preparation	<b>✓</b>					×	

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



Relevant financial activities out	side th	e submit	ted work			5 5
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
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9. Royalties	1					×
10. Payment for development of						ADD
educational presentations	1					×
	EMILIO I	SZELLUZY	uttyla pet			ADD
11. Stock/stock options	1					×
Late Delivery and Market Marke				Honoraria and visiting		ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**		<b>✓</b>		professorships; ABIM; ACGME		×
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1. Given Name (First Name) Holger	2. Surname (Last Name) Schünemann	3. Date 24-April-2014
4. Are you the corresponding autho	? Yes ✓ No	Corresponding Author's Name Qaseem
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### Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

### 4. Intellectual Property.

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

### 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.

#### Definitions.

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

**Grant:** A grant from an entity, generally [but not always] paid to your organization

**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



1. Given Name (First Name) David	2. Surname (Last Name) Weinberg	3. Date 05-June-2014
4. Are you the corresponding author?	Yes 🗸 No	Corresponding Author's Name Denberg
5. Manuscript Title Diagnosis of Obstructive Sleep Apne College of Physicians	a: A Clinical Practice Guidelir	e from the Clinical Guidelines Committee of the American
5. Manuscript Identifying Number (if you	u know it)	
Section 2. The Work Under	Consideration for Public	The Bolton of the Control of the State of th
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Section 5.	Relationships not covered above
	relationships or activities that readers could perceive to have influenced, or that give the appearance of uencing, what you wrote in the submitted work?
Yes, the foll	owing relationships/conditions/circumstances are present (explain below):
✓ No other re	lationships/conditions/circumstances that present a potential conflict of interest
At the time of r On occasion, jo	manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements ournals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the albelow.	bove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Weinberg h	nas nothing to disclose.



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