

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.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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.

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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)

Matthew

2. Surname (Last Name)

Naughton

3. Date

22-November-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Ching Li Chai-Coetzer

5. Manuscript Title

Physician decision-making and clinical outcomes with laboratory polysomnography or limited-channel sleep studies for obstructive sleep apnea: a randomized trial

6. Manuscript Identifying Number (if you know it)

M16-1301

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Dr. Naughton 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) Brendan 2. Surname (Last Name) Yee 3. Date 22/11/16
4. Are you the corresponding author? ☐ Yes ☒ No
5. Manuscript Title Physician decision-making and clinical outcomes with laboratory polysomnography
6. Manuscript Identifying Number (If you know it) m16 1301 or limited-channel sleep study for obstructive sleep apnea; a randomized trial.

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INTERNATIONAL COMMITTEE *of*
MEDICAL JOURNAL EDITORS

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Section 1. Identifying Information

1. Given Name (First Name) R. Doug	2. Surname (Last Name) McEvoy	3. Date 22-November-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Dr Ching Li CHai-Coetzer
5. Manuscript Title "Physician decision-making and clinical outcomes with laboratory polysomnography or limited-channel sleep studies for obstructive sleep apnea: a randomized trial"		
6. Manuscript Identifying Number (if you know it) 		

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Are there any relevant conflicts of interest? ☒ 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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
National Health and Medical Research Council of Australia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The Repat Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Philips Respironics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	For another clinical trial
ResMed	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Equipment for another clinical trial

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Fisher&Paykel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	For another clinical trial
AirLiquide	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Equipment for another clinical trial

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 1. Identifying Information

1. Given Name (First Name) Nick	2. Surname (Last Name) Antic	3. Date 23-November-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Ching Li Chai-Coetzer
5. Manuscript Title Physician decision-making and clinical outcomes with laboratory polysomnography or limited-channel sleep studies for obstructive sleep apnea: a randomized trial		
6. Manuscript Identifying Number (if you know it) M16-1301		

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The Repat Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Small grant (\$15K) awarded to undertake the study

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Philips Respironics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Study funding and supply of equipment

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Fisher & Paykel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research funding
ResMed	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Equipment donations
ResMed, Astra Zeneca and GlaxoSmithKline	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lecture fees and payment for development of educational presentations
Air Liquide	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Research study equipment

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Dr. Antic reports grants from National Health and Medical Research Council of Australia, grants from The Repat Foundation, during the conduct of the study; grants and non-financial support from Philips Respironics, grants from Fisher & Paykel, non-financial support from ResMed, personal fees from ResMed, Astra Zeneca and GlaxoSmithKline, non-financial support from Air Liquide, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name) Rajeev	2. Surname (Last Name) Ratnavadivel	3. Date 25-November-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Dr Ching Li Chai Coetzer
5. Manuscript Title Physician Decision Making and Clinical Outcomes with Laboratory Polysomnography or Limited Channel Sleep Studies for Obstructive Sleep Apnoea : A Randomized Trial		
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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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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) Teana	2. Surname (Last Name) Roebuck	3. Date 30-November-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Dr Ching Li Chai-Coetzer
5. Manuscript Title "Physician decision-making and clinical outcomes with laboratory polysomnography or limited-channel sleep studies for obstructive sleep apnea: a randomized trial"		
6. Manuscript Identifying Number (if you know it) M16-1301		

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

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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NHMRC grant funding	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	via an enabling grant to the ASTN (Australian Sleep Trials Network)
The Repatriation Hospital Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	small grant to undertake study

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 publication**.

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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?

- ☐ Yes, the following relationships/conditions/circumstances are present (explain below):
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Section 6. Disclosure Statement

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Ms Roebuck reports grants from NHMRC grant funding, grants from The Repatriation Hospital Foundation, during the conduct of the study; .

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) Nigel	2. Surname (Last Name) McArdle	3. Date 26-November-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Ching Li Chai-Coetzer
5. Manuscript Title "Physician decision-making and clinical outcomes with laboratory polysomnography or limited-channel sleep studies for obstructive sleep apnea: a randomized trial"		
6. Manuscript Identifying Number (if you know it) M16-1301		

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

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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NHMRC grant funding (via an Enabling grant to the Australian Sleep Trials Network)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The Repatriation foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 3. Relevant financial activities outside the submitted work.

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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
ResMed Ltd	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	an honorarium for participation in a ResMed Ltd sponsored breakfast symposium.

ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
ResMed Ltd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	funding support from ResMed Ltd for research projects

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☐ No

Section 5. Relationships not covered above

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Dr. McArdle reports grants from NHMRC grant funding (via an Enabling grant to the Australian Sleep Trials Network, grants from The Repatriation foundation, during the conduct of the study; personal fees from ResMed Ltd, other research funding from ResMed Ltd, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Richard

2. Surname (Last Name)

Woodman

3. Date

22-November-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Dr Ching Li Chai-Coetzer

5. Manuscript Title

Physician decision-making and clinical outcomes with laboratory polysomnography or limited-channel sleep studies for obstructive sleep apnea: a randomized trial

6. Manuscript Identifying Number (if you know it)

M16-1301

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

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

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Dr. Woodman 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)
Keith

2. Surname (Last Name)
Wong

3. Date
22-November-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Ching Li Chai-Coetzer

5. Manuscript Title

Physician decision-making and clinical outcomes with laboratory polysomnography or limited-channel sleep studies for obstructive sleep apnea: a randomized trial

6. Manuscript Identifying Number (if you know it)

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Wong has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Ching Li

2. Surname (Last Name)
Chai-Coetzer

3. Date
22-November-2016

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

5. Manuscript Title
Physician decision-making and clinical outcomes with laboratory polysomnography or limited-channel sleep studies for obstructive sleep apnea: a randomized trial

6. Manuscript Identifying Number (if you know it)
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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
National Health and Medical Research Council of Australia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Via an Enabling Grant to the Australasian Sleep Trials Network
The Repat Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Small grant (\$15K) awarded to undertake the study

Section 3. Relevant financial activities outside the submitted work.

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Biotech Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Donation of meal replacements (Impromy weight loss program) for a research study evaluating a chronic disease management program for OSA

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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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.

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.

Definitions.

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) Garun	2. Surname (Last Name) Hamilton	3. Date 22-November-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Dr Ching Li Chai-Coetzer
5. Manuscript Title Physician decision-making and clinical outcomes with laboratory polysomnography or limited-channel sleep studies for obstructive sleep apnea: a randomized trial		
6. Manuscript Identifying Number (if you know it) M16-1301		

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

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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
National Health and Medical Research Council of Australia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Enabling grant to the Australasian Sleep Trials Network
The Repat Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Small grant to initiate the study

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 publication**.

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
Resmed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Equipment for research
Philips Respironics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Equipment for research

ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Air Liquide Healthcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Equipment for research

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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?

- ☐ 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.

Dr. Hamilton reports grants from National Health and Medical Research Council of Australia, grants from The Repat Foundation, during the conduct of the study; other from Resmed, other from Philips Respironics, other from Air Liquide Healthcare, outside the submitted work; .

Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.

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.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Aeneas

2. Surname (Last Name)

Yeo

3. Date

24-November-2016

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Physician decision-making and clinical outcomes with laboratory polysomnography or limited-channel sleep studies for obstructive sleep apnea: a randomized trial

6. Manuscript Identifying Number (if you know it)

M16-1301

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

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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
National Health and Medical Research Council (NHMRC)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	via Enabling Grant to the Australasian Sleep Trials Network (ASTN)
The Repatriation General Hospital Foundation Grant	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 3. Relevant financial activities outside the submitted work.

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

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