

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.

Identifying information.

2. The work under consideration for publication.

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4. Intellectual Property.

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

Relationships not covered above.

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Other: Anything not covered under the previous three boxes

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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

Naughton 1



Section 1. Identifying Inform	nation	
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 obstructive sleep apnea: a randomized 6. Manuscript Identifying Number (if you kr M16-1301 	trial	polysomnography or limited-channel sleep studies for
Section 2. The Work Under Co	onsideration for Public	cation
	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the s	ubmitted work.
of compensation) with entities as descri	ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by e present during the 36 months prior to publication .
Section 4. Intellectual Proper	rty Patents & Copyric	jhts
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the work? ☐ Yes ✓ No

Naughton 2



Section 5. Polationships not solvered above	
Relationships not covered above	
Are there other relationships or activities that readers could perceive to have influenced, or that give the appea potentially influencing, what you wrote in the submitted work?	rance of
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 disclose On occasion, journals may ask authors to disclose further information about reported relationships.	sure statements.
Section 6. Disclosure Statement	
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear below.	in the box
Dr. Naughton has nothing to disclose.	

Evaluation and Feedback

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Naughton 3



Section 1. Identifying Inform	na than	
identifying imorn		
1. Given Name (First Name)	2. Surname (Last Name)	3. Date 22/11/116
Brendon	yec.	2-711716
4. Are you the corresponding author?	Yes No	
5. Manuscript Title		
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6. Manuscript Identifying Number (if you k	(now it) or limited - the	and steen Hudies for showedis
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	•	7 1111/1 411/1.
Section 2. The World Line		
Ine Work Under C	Consideration for Publication	
	g but not limited to grants, data monitor	ty (government, commercial, private foundation, etc.) for ing board, study design, manuscript preparation,
Section 3. Relevant financial	l activities outside the submitte	d work.
of compensation) with entities as descr	ribed in the instructions. Use one line eport relationships that were presen t	have financial relationships (regardless of amount e for each entity; add as many lines as you need by t during the 36 months prior to publication.
Section 4		
Intellectual Prope	erty – Patents & Copyrights	
Do you have any patents, whether plan	nned, pending or issued, broadly rele	evant to the work? Yes No



88886	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 1. Identifying Inform	ation		
Given Name (First Name) R. Doug	2. Surname (Last Name) McEvoy		3. Date 22-November-2016
4. Are you the corresponding author?	Yes ✓ No	Corresponding Auth Dr Ching Li CHai-C	
5. Manuscript Title"Physician decision-making and clinical obstructive sleep apnea: a randomized6. Manuscript Identifying Number (if you kn	trial"	ry polysomnography o	or limited-channel sleep studies for
		_	
Section 2. The Work Under Co	onsideration for Publ	ication	
any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grants, dest? Yes No prmation below. If you ha	ata monitoring board, st	ent, commercial, private foundation, etc.) for cudy design, manuscript preparation, ity press the "ADD" button to add a row.
Name of Institution/Company	Grant	on-Financial Other	Comments
National Health and Medical Research Council of Australia	V		
The Repat Foundation	✓		
Section 3. Relevant financial	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. Uport relations hips that we	Ise one line for each e	ntity; add as many lines as you need by
Are there any relevant conflicts of intere			
If yes, please fill out the appropriate info	ormation below.		
Name of Entity	Grant	on-Financial Other?	Comments
Philips Respironics	V		For another clinical trial
ResMed		✓	Equipment for another clinical trial



Name of Entity	Grant•	sonal Non-Financial es? Support?	Other?	Comments	
Fisher&Paykel	✓			For another clinical trial	
AirLiquide		✓		Equipment for another clinical trial	
Section 4. Intellectual Property					
Intellectual Propert	y Patents 8	& Copyrights			
Do you have any patents, whether planne	ed, pending or	r issued, broadly releva	nt to the	work? ☐ Yes ✓ No	
Section 5. Relationships not co	overed abov	<i>r</i> e			
Are there other relationships or activities potentially influencing, what you wrote in Yes, the following relationships/cond No other relationships/conditions/circ At the time of manuscript acceptance, journals may ask authors to	n the submitte itions/circums cumstances th urnals will ask	ed work? stances are present (ex nat present a potential authors to confirm and	plain belo conflict o	ow): of interest osary, update their disclosure stateme	ents.
Section 6. Disclosure Statemen	nt				
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Royalties: Funds are coming in to you or your institution due to your patent



Section 1. Identifying Inform	ation				
1. Given Name (First Name) Nick	2. Surname Antic	(Last Name)			3. Date 23-November-2016
4. Are you the corresponding author?	Yes	✓ No	Correspond Ching Li C	_	
5. Manuscript Title Physician decision-making and clinical c obstructive sleep apnea: a randomized t		th laboratory	v polysomnog	graphy or	limited-channel sleep studies for
6. Manuscript Identifying Number (if you known M16-1301	ow it)				
Section 2. The Work Under Co	nsideratio	on for Publi	cation		
Did you or your institution at any time received any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of interesting the state of the submitted work (including statistical analysis, etc.)?	but not limite	ed to grants, da			
If yes, please fill out the appropriate info Excess rows can be removed by pressing			ve more than	one enti	ty press the "ADD" button to add a row.
Name of Institution/Company	Grant	•	n-Financial Support <mark>?</mark>	Other?	Comments
National Health and Medical Research Council of Australia	✓				Via an Enabling Grant to the Australasian Sleep Trials Network
The Repat Foundation	✓				Small grant (\$15K) awarded to undertake the study
Section 3. Relevant financial a	activities o	utside the	submitted v	work.	
Place a check in the appropriate boxes in of compensation) with entities as descril clicking the "Add +" box. You should rep	oed in the in ort relations	structions. U	se one line fo	r each er	ntity; add as many lines as you need by
Are there any relevant conflicts of intere					
If yes, please fill out the appropriate info	rmation bel	ow.			
Name of Entity	Grant•		n-Financial Support	Other?	Comments
Philips Respironics	✓		✓		Study funding and supply of equipment



Name of Entity	Grant?	Personal Fees	Non-Financial Support?	Other?	Comments
Fisher & Paykel	✓				Research funding
ResMed			✓		Equipment donations
ResMed, Astra Zeneca and GlaxoSmithKline		✓			Lecture fees and payment for development of educational presentations
Air Liquide			√		Research study equipment
Section 4. Intellectual Propert	v Pate	ents & Cor	ovrights		
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Do you have any patents, whether plann	ed, pend	ing or issue	ed, broadly releva	nt to the	work? ☐ Yes ✓ No
Section 5. Polationakina nata					
Relationships not c	overed	above			
Are there other relationships or activities potentially influencing, what you wrote i				nfluence	d, or that give the appearance of
Yes, the following relationships/cond	litions/cir	cumstance	s are present (exp	olain belo	w):
✓ No other relationships/conditions/cir	cumstan	ces that pre	esent a potential o	conflict o	finterest
At the time of manuscript acceptance, jo On occasion, journals may ask authors to					· ·
Section 6. Disclosure Stateme	nt				
Based on the above disclosures, this form below.		omatically (generate a disclos	sure state	ement, which will appear in the box
Dr. Antic reports grants from National Hoduring the conduct of the study; grants non-financial support from ResMed, perfrom Air Liquide, outside the submitted	and non-f sonal fees	financial su	pport from Philip	s Respiro	nics, grants from Fisher & Paykel,



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Ratnavadivel 1



Section 1.	Identifying Inform	ation	
1. Given Name (Fi Rajeev	rst Name)	2. Surname (Last Name) Ratnavadivel	3. Date 25-November-2016
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Dr Ching Li Chai Coetzer
Obstructive Slee		zed Trial	y Polysomnography or Limited Channel Sleep Studies for
Section 2.	The Work Under Co	onsideration for Publi	cation
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
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Section 4.	Intellectual Proper	ty Patents & Copyri	ghts
Do you have any	patents, whether plan	ned, pending or issued, b	roadly relevant to the work? Yes V No

Ratnavadivel 2



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Roebuck 1



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1. Given Name (First Name) Teanau	2. Surname (Last Name) Roebuck		3. Date 30-November-2016
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Autl	
 Manuscript Title "Physician decision-making and clinical obstructive sleep apnea: a randomized Manuscript Identifying Number (if you kn M16-1301 	trial"	polysomnography	or limited-channel sleep studies for
Section 2. The Work Under Co			
The work officer Co	but not limited to grants, da	a third party (governn	nent, commercial, private foundation, etc.) for study design, manuscript preparation,
,	ormation below. If you hav	re more than one en	tity press the "ADD" button to add a row.
Name of Institution/Company	Grant	n-Financial upport	Comments
NHMRC grant funding	V		via an enabling grant to the ASTN (Australian Sleep Trials Network)
The Repatriation Hospital Foundation	✓		small grant to undertake study
Section 3. Relevant financial	activities outside the s	submitted work.	
of compensation) with entities as descri clicking the "Add +" box. You should rep	bed in the instructions. Us port relationships that wer	se one line for each	ncial relationships (regardless of amount entity; add as many lines as you need by he 36 months prior to publication .
Are there any relevant conflicts of intere	est? Yes 🗸 No		
Section 4. Intellectual Proper	ty Patents & Copyric	yhts	
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Roebuck 2



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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
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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Roebuck 3



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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

McArdle 1



Section 1. Identifying Infor	mation			
1. Given Name (First Name) Nigel	2. Surname (Last Name) McArdle		3. Date 26-November-2016	
4. Are you the corresponding author?	☐ Yes ✓ No	Correspondir Ching Li Cha	g Author's Name ni-Coetzer	
5. Manuscript Title "Physician decision-making and clinic obstructive sleep apnea: a randomize	d trial"	ory polysomnogi	aphy or limited-channel sleep stuc	dies for
6. Manuscript Identifying Number (if you M16-1301	know it)			
Section 2. The Work Under	Consideration for Pub	lication		
Did you or your institution at any time reany aspect of the submitted work (includi statistical analysis, etc.)? Are there any relevant conflicts of interesting the state of the state	ng but not limited to grants, o			
If yes, please fill out the appropriate ir	nformation below. If you ha	ave more than o	ne entity press the "ADD" button t	o add a rov
Excess rows can be removed by press		on Financial		
Name of Institution/Company	Grant	on-Financial Support?	other? Comments	
NHMRC grant funding (via an Enabling grant the Australian Sleep Trials Network	t to			
The Repatriation foundation	✓			
Section 3. Polovent Granding	al activities outside the		a ule	
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Are there any relevant conflicts of inte				
If yes, please fill out the appropriate ir	nformation below.			
Name of Entity	Grant	on-Financial Support?	other? Comments	
ResMed Ltd			an honorarium for participatic ResMed Ltd sponsored breakf	

McArdle 2



Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
ResMed Ltd				✓	funding support from ResMed Ltd for research projects
Section 4. Intellectual Propert	y Pate	ents & Cop	pyrights		
Do you have any patents, whether plann	ed, pend	ing or issue	ed, broadly releva	nt to the	work? Yes No
Section 5. Relationships not c	overed	above			
Are there other relationships or activities potentially influencing, what you wrote i				nfluence	d, or that give the appearance of
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, jo On occasion, journals may ask authors to					
Section 6. Disclosure Stateme	nt				
Based on the above disclosures, this form below.	n will auto	omatically	generate a disclos	sure state	ment, which will appear in the box
Dr. McArdle reports grants from NHMRC from The Repatriation foundation, durir from ResMed Ltd, outside the submitted	ng the co	-	0 0		

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McArdle 3



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

patent

Woodman 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi Richard	rst Name)	2. Surname (Last Name) Woodman	3. Date 22-November-2016
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Dr Ching Li Chai-Coetzer
•			polysomnography or limited-channel sleep studies for
	ntifying Number (if you kr		
	l .		
Section 2.	The Work Under Co	onsideration for Public	cation
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	ubmitted work.
of compensation clicking the "Add	n) with entities as descri	bed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by se present during the 36 months prior to publication.
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Section 4.	Intellectual Proper	ty Patents & Copyric	yhts
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No

Woodman 2



Section 5. Relationships not covered above
helationships not covered above
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Wong 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fii Keith	rst Name)	2. Surname (Last Name) Wong	3. Date 22-November-2016
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Name Ching Li Chai-Coetzer
obstructive sleep		trial	polysomnography or limited-channel sleep studies for
Section 2.	The Work Under Co	onsideration for Public	cation
any aspect of the s statistical analysis, Are there any rel	stitution at any time rece ubmitted work (including	ive payment or services from but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	submitted work.
of compensation clicking the "Add	ı) with entities as descri	bed in the instructions. Use port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.
Section 4.	Intellectual Proper	ty Patents & Copyric	ghts
Do you have any	patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V No

Wong 2



Section 5.	Delationaling not governed above
	Relationships not covered above
	ationships or activities that readers could perceive to have influenced, or that give the appearance of cing, what you wrote in the submitted work?
Yes, the followi	ng relationships/conditions/circumstances are present (explain below):
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Dr. Wong has noth	ning to disclose.

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1. Given Name (First Name) Ching Li Chai-Coetzer 22-November-2016 4. Are you the corresponding author? Ves No 5. Manuscript Title Physician decision-making and clinical outcomes with laboratory polysomnography or limited-channel sleep studies 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 foundati any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparatisatistical analysis, etc.)? Are there any relevant conflicts of interest? Ves No If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to a Excess rows can be removed by pressing the "X" button. Name of Institution/Company Grant? Personal Fees? Support? Via an Enabling Grant to the Australiah he Repat Foundation Via an Enabling Grant to the Australiah Network Small grant (\$15K) awarded to undertake the study		nation			
5. Manuscript Title Physician decision-making and clinical outcomes with laboratory polysomnography or limited-channel sleep studies 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 foundati any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparatistatistical 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 a Excess rows can be removed by pressing the "X" button. Name of Institution/Company Grant? Personal Support? Comments Support? Via an Enabling Grant to the Australaia Neep Trials Network and Enabling Grant to the Australaia Neep Trials Network and Enabling Grant (\$15K) awarded to	· · · · · · · · · · · · · · · · · · ·		ne)		
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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Biotech Pharmaceuticals			√		Donation of meal replacements (Impromy weight loss program) for a research study evaluating a chronic disease management program for OSA	
Continue A						
Section 4. Intellectual Propert	y Pate	ents & Cop	pyrights			
Do you have any patents, whether plann	ed, pend	ing or issue	ed, broadly releva	nt to the	work? Yes Vo	
Section 5. Relationships not c	overed	ahove -				
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Dr. Chai-Coetzer reports grants from Nat Foundation, during the conduct of the s work.						



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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 sound to an ent

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

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Section 1. Identifying Information	ation		
1. Given Name (First Name) Garun	2. Surname (Last Name) Hamilton		3. Date 22-November-2016
4. Are you the corresponding author?	☐ Yes 📝 No	Corresponding Autho	
5. Manuscript TitlePhysician decision-making and clinical or obstructive sleep apnea: a randomized t6. Manuscript Identifying Number (if you know M16-1301	rial	y polysomnography or	limited-channel sleep studies for
Section 2. The Work Under Co	nsideration for Publ	lication	
Did you or your institution at any time received any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of interest of the submitted work (including statistical analysis, etc.)?	ve payment or services from but not limited to grants, cost? Yes Normation below. If you have	m a third party (governme data monitoring board, st	udy design, manuscript preparation,
Name of Institution/Company	Grant	on-Financial Support?	Comments
National Health and Medical Research Council of Australia	✓		Enabling grant to the Australasian Sleep Trials Network
The Repat Foundation			Small grant to initiate the study
Section 3. Polovent Grandial			
Place a check in the appropriate boxes in of compensation) with entities as described clicking the "Add +" box. You should report there any relevant conflicts of interest lf yes, please fill out the appropriate information.	oed in the instructions. Upon relationships that we st? Yes No	hether you have finand Jse one line for each er	ntity; add as many lines as you need by
Name of Entity	Grant	on-Financial Support?	Comments
Resmed			Equipment for research
Philips Respironics			Equipment for research

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Name of Entity	Grant? Personal Fees?	Non-Financial Otl	her? Comments
Air Liquide Healthcare			✓ Equipment for research
Section 4. Intellectual Propert	y Patents & Copy	yrights	
Do you have any patents, whether plann	ed, pending or issued	, broadly relevant to	o the work? ☐ Yes ✓ No
Section 5. Relationships not c	overed above		
Are there other relationships or activities potentially influencing, what you wrote i			enced, or that give the appearance of
Yes, the following relationships/cond	itions/circumstances	are present (explair	n below):
✓ No other relationships/conditions/cir	cumstances that pres	ent a potential conf	flict of interest
At the time of manuscript acceptance, jo On occasion, journals may ask authors to			necessary, update their disclosure statements. rted relationships.
Section 6. Disclosure Statemen	n+		
Based on the above disclosures, this form below.		enerate a disclosure	statement, which will appear in the box
Dr. Hamilton reports grants from National Foundation, during the conduct of the shealthcare, outside the submitted work	tudy; other from Resr		

Evaluation and Feedback

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

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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.

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.

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.

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Yeo 1



Section 1. Identifying Inform	nation		
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 TitlePhysician decision-making and clinical obstructive sleep apnea: a randomized6. Manuscript Identifying Number (if you k M16-1301	l trial	y polysomnography o	or limited-channel sleep studies for
Section 2. The Work Under C	Consideration for Publ	ication	
any aspect of the submitted work (includin statistical analysis, etc.)? Are there any relevant conflicts of inter	g but not limited to grants, drest? Yes No ormation below. If you ha	lata monitoring board,	ment, commercial, private foundation, etc.) for study design, manuscript preparation, etc.) study design to an action to add a row.
Name of Institution/Company	Grant	on-Financial Other	Comments
National Health and Medical Research Counci NHMRC)			via Enabling Grant to the Australasian Sleep Trials Network (ASTN)
The Repatriation General Hospital Foundatior Grant			
Section 3. Relevant financia	activities outside the	submitted work.	
	ribed in the instructions. Uport relations that we	Jse one line for each	ncial relationships (regardless of amount entity; add as many lines as you need by he 36 months prior to publication .
Section 4. Intellectual Prope	rty Patents & Copyri	ights	
Do you have any patents, whether plan	nned, pending or issued, b	proadly relevant to th	e work? Yes Vo

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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?
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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
Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Yeo reports grants from National Health and Medical Research Council (NHMRC), grants from The Repatriation General Hospital Foundation Grant, during the conduct of the study; .

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