

Instructions

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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.

2. The work under consideration for publication.

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Section 1.	Identifying Infor	mation		
1. Given Name (Fi Harly	rst Name)	2. Surname (Last Name) Greenberg	3. Effective Date (07-August-2008) 15-December-2011	
4. Are you the corresponding author? Yes Volume No		Yes 🗸 No	Corresponding Author's Name Terri E. Weaver	
5. Manuscript Title CPAP Treatment		ith Milder OSA: Results of t	he CATNAP Randomized Clinical Trial	
6. Manuscript Ide	ntifying Number (if you	know it)		

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The Work Under Consideration t	or Publ	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant			✓	NIH		×
						ADD
2. Consulting fee or honorarium	✓					×
						ADD
3. Support for travel to meetings for the study or other purposes	✓					×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	✓					×
						ADD
Payment for writing or reviewing the manuscript	√					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	✓					×



The Work Under Consideration	for Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other	✓					×
						ADD

Section 3. Relevant financial activities outside the submitted work.

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Relevant financial activities out	side the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	✓					×
						ADD
2. Consultancy	\checkmark					×
						ADD
3. Employment	\checkmark					×
						ADD
4. Expert testimony	\checkmark					×
						ADD
5. Grants/grants pending	\checkmark					×
						ADD
Payment for lectures including service on speakers bureaus	\checkmark					×
						ADD
Payment for manuscript preparation	✓					×

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Relevant financial activities outs	ide the	submitt	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
Patents (planned, pending or issued)	√					×
						ADD
9. Royalties	\checkmark					×
						ADD
Payment for development of educational presentations	✓					×
						ADD
11. Stock/stock options	\checkmark					×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	√					×
						ADD
Other (err on the side of full disclosure)	✓					×
						ADD
* This means money that your institution ** For example, if you report a consultanc				ravel related to that consul	tancy on this line.	

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	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
	tionships/conditions/circumstances that present a potential conflict of interest wing relationships/conditions/circumstances are present (explain below):
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. rnals may ask authors to disclose further information about reported relationships.

Hide All Table Rows Checked 'No'

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Section 1.	Identifying Infor	mation		
1. Given Name (Fi Bethany	rst Name)	2. Surname (Last Name) Staley		3. Effective Date (07-August-2008) 14-February-2012
4. Are you the corresponding author?		Yes Vo	Corresponding Author's Na Terri Weaver	me
5. Manuscript Title CPAP Treatment		th Milder OSA: Results of t	he CATNAP Randomized Cli	nical Trial
6. Manuscript Ide	ntifying Number (if you l	know it)	_	

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The Work Under Consideration	for Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	✓					×
						ADD
2. Consulting fee or honorarium	✓					×
						ADD
Support for travel to meetings for the study or other purposes	✓					×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	✓					×
						ADD
Payment for writing or reviewing the manuscript	/					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	√					×



The Work Under Consideration for Publication						
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other	\checkmark					×
						ADD

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1. Board membership	✓					×
						ADD
2. Consultancy	\checkmark					×
						ADD
3. Employment	\checkmark					×
						ADD
4. Expert testimony	\checkmark					×
						ADD
5. Grants/grants pending	\checkmark					×
						ADD
Payment for lectures including service on speakers bureaus	\checkmark					X
						ADD
Payment for manuscript preparation	✓					×

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						ADD
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						ADD
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						ADD
Payment for development of educational presentations	✓					×
						ADD
11. Stock/stock options	✓					×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	√					×
						ADD
Other (err on the side of full disclosure)	✓					×
						ADD
* This means money that your institution ** For example, if you report a consultance				ravel related to that consul	tancy on this line.	

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Section 1. Identifying Infor	mation	
1. Given Name (First Name) Jacqueline	2. Surname (Last Name) Cater	3. Effective Date (07-August-2008) 10-February-2012
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Terri Weaver
5. Manuscript Title CPAP Treatment of Sleepy Patients wi Results of the CATNAP Randomized C		
6. Manuscript Identifying Number (if you	know it)	

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The Work Under Consideration	for Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	✓					×
						ADD
2. Consulting fee or honorarium	✓					×
						ADD
3. Support for travel to meetings for the study or other purposes						×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	✓					×
						ADD
Payment for writing or reviewing the manuscript	√					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	✓					×



The Work Under Considerati	on for Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other	✓					×
						ADD

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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	✓					×
						ADD
2. Consultancy	\checkmark					×
						ADD
3. Employment	\checkmark					×
						ADD
4. Expert testimony	\checkmark					×
						ADD
5. Grants/grants pending	\checkmark					×
						ADD
Payment for lectures including service on speakers bureaus	\checkmark					X
						ADD
Payment for manuscript preparation	✓					×

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						ADD
Patents (planned, pending or issued)	✓					×
						ADD
9. Royalties	\checkmark					×
						ADD
Payment for development of educational presentations	✓					×
						ADD
11. Stock/stock options	✓					×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	\checkmark					×
						ADD
Other (err on the side of full disclosure)	✓					×
						ADD
* This means money that your institution ** For example, if you report a consultanc				ravel related to that consult	tancy on this line.	

Section 4.	
Section ii	Other relationships
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. rnals may ask authors to disclose further information about reported relationships.

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Kuna 1



Section 1.	Identifying Infor	mation	
1. Given Name (Fi Samuel	rst Name)	2. Surname (Last Name) Kuna	3. Effective Date (07-August-2008 23-January-2012
4. Are you the cor	responding author?	Yes Vo	Corresponding Author's Name Terri Weaver, PhD
5. Manuscript Title CPAP treatment		er OSA: Results of the CA	TNAP randomized controlled trial
6. Manuscript Ide	ntifying Number (if you	know it)	

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The Work Under Consideration f	or Publ	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant			✓	NIH grant award		×
						ADD
3. Support for travel to meetings for the study or other purposes			\checkmark	NIH grant award		×
						ADD

^{*} This means money that your institution received for your efforts on this study.

Kuna 2

^{**} Use this section to provide any needed explanation.

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Relevant financial activities out	side the	submit	ted work			
Type of Relationship (in alphabetical order)		Money Paid to You		Entity	Comments	

^{*} This means money that your institution received for your efforts.

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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?

\checkmark No other relationships/conditions/circumstances that present a potential conflict of interest
--

Yes, the following relationships/conditions/circumstances are pr	esent (explain below):
--	------------------------

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Kuna 3

^{**} For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.



1. Given Name (First Name) Kathleen A.	2. Surnan Fergusor	ne (Last Name) 1		3. Effective Date (07-August-2008) 01-November-2003
4. Are you the corresponding author?	Yes	✓ No	Corresponding Author's P Dr. Terri Weaver	Name
5. Manuscript Title CPAP Treatment of Sleepy Patients w	ith Milder OS	SA: Results of t	he CATNAP Randomized C	linical Triel

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The Work Under Consideration I	or Publ	ication	le di diste di persone La grapia di Sera alem	ese jež niji i sesjin ni emis ninji sini. Jem ggji si mara ese i e i nasi	gangana (1980) am iga tikan (1921) bagi g al ang 1921-ban agaman saman (1971) ang galang	
	100 A	Money	Money to			
Туре	No	Paid	Your	Name of Entity	Comments!*	W 201
1. Grant				NIH-NHLBI		× A 010
Support for travel to meetings for the study or other purposes		Ø		SMERF Grant and NIH- NHLBI	Study covered some travel costs to investigator meetings	×
3. Support for travel to meetings for the study or other purposes		√		American Academy of Dental Sleep Medicine	To cover travel to a meeting where I was a presenter	
3. Support for travel to meetings for the study or other purposes		7		American Thoracic Society	Travel related to being a committee member	X AGO
 6. Provision of writing assistance, medicines, equipment, or administrative support 				Respironics Inc.	Provided equipment for the study	X X ADJ

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



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Relevant financial activities outside the submitted work.

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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		<u> </u>		Critical Outcome Technologies, Inc.	Early stage drug discovery company	X ADD		
4. Expert testimony		\checkmark		Canadian Medical Protective Association	Medico-legal file review			
4. Expert testimeny		Ø	and the said	College of Physicians and Surgeons	Quality Assurance - Practice Review	100 m		
5. Grants/grants pending			7	Medtronic Inc.	Research Grant			
5. Grants/plants pending			7	Orphan Medical	Research Grant	X		
5. Grants/grants pending			\checkmark	Lundbeck inc.	Research Grant	×		
5. Grants/grants pending			V	Respironics, Inc.	Research Grant	X		
5. Grants/grants pending			\checkmark	CIHR	Research Grant			
6. Payment for lectures including service on speakers bureaus		\square		Western Pro Health	Home CPAP Vendor			
 Payment for lectures including service on speakers bureaus 		V		Respironics Inc.	CPAP manufacturer	: X		
Payment for lectures including service on speakers bureaus		\square		Ontario Medical Association	Lectures on Smoking Cessation			
Payment for lectures including service on speakers bureaus	:	Ø		Glaxo Smith Kline	Lecture to doctors	3		
Payment for lectures including service on speakers bureaus		1		Vitalaire	Horne CPAP Vendor	- X		



Relevant financial activities out	tside th	e submitt	ted work		
Type of Relationship (in alphabetical order)	No	Money Paldito You	Money to Your Institution*	Entity	Comments
6. Payment for lectures including service on speakers bureaus		7		Pfizer, Inc.	Lectures to health care providers (smoking & cessation)
1.1. Stock/stock options		V		Critical Outcome Technologies, Inc.	Member of the Board
*This means money that your institution ** For example, if you report a consultan				travel related to that con	sultancy on this line.
Section 4. Other relations	hips				
Are there other relationships or active potentially influencing, what you wro				to have influenced, or	that give the appearance of
No other relationships/condition			· -		erest
Yes, the following relationships/o	ondition	s/circumst	ances are pre	esent (explain below):	
At the time of manuscript acceptanc On occasion, journals may ask autho					
Sho				SAVE.	

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



Instructions

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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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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.



Section 1.	Identifying Infor	mation	
1. Given Name (Fi Charles	rst Name)	2. Surname (Last Name) George	3. Effective Date (07-August-2008) 25-May-2011
4. Are you the cor	responding author?	Yes 🚺 No	Corresponding Author's Name Terri E. Weaver, PhD, RN, FAAN
5. Manuscript Title CPAP Treatment		ith Milder OSA: Results of t	he CATNAP Randomized Clinical Trial
6. Manuscript Ide	ntifying 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 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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The Work Under Consideration for Publication							
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
1. Grant			✓	NIH-NHLBI Grant		×	
						ADD	
2. Consulting fee or honorarium	✓					×	
						ADD	
Support for travel to meetings for the study or other purposes	✓					×	
						ADD	
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	\checkmark					×	
						ADD	
Payment for writing or reviewing the manuscript	✓					×	
						ADD	
Provision of writing assistance, medicines, equipment, or administrative support	✓					×	



The Work Under Consideration for Publication								
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**			
						ADD		
7. Other	\checkmark					×		
						ADD		

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.

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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		✓		SleepTech LLP, Wayne NJ	Medical Advisory Board	×		
						ADD		
2. Consultancy	✓					×		
						ADD		
3. Employment	✓					×		
						ADD		
4. Expert testimony	✓					X		
						ADD		
5. Grants/grants pending	✓					×		
						ADD		
Payment for lectures including service on speakers bureaus	✓					×		
						ADD		
Payment for manuscript preparation	✓					×		

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Relevant financial activities outside the submitted work								
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments			
						ADD		
Patents (planned, pending or issued)	✓					×		
						ADD		
9. Royalties		\checkmark		Up To Date	Author Royalties	×		
						ADD		
Payment for development of educational presentations	\checkmark					×		
						ADD		
11. Stock/stock options	\checkmark					×		
						ADD		
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	✓					×		
						ADD		
13. Other (err on the side of full disclosure)	\checkmark					×		
						ADD		
* This means money that your institution ** For example, if you report a consultanc				ravel related to that consul	tancy on this line.			

Section 4. Other relationships

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?

No other relationships/conditions/circumstances that present a potential conflict of interest

Yes, the following relationships/conditions/circumstances are present (explain below):

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.

Hide All Table Rows Checked 'No'

SAVE



Evaluation and Feedback

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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.



Section 1.	Identifying Infor	mation		
1. Given Name (Fi Indira	rst Name)	2. Surname (Last Name) Gurubhagavatula		3. Effective Date (07-August-2008) 24-January-2012
4. Are you the cor	responding author?	Yes Vo	Corresponding Author's Na Terri Weaver, PhD, RN	ame
5. Manuscript Titl CPAP Treatment		th Milder OSA: Results of t	he CATNAP Randomized Cli	nical Trial
6. Manuscript Ide	ntifying 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 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.

The Work Under Consideration t	or Publ	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant			✓	NIH		×
						ADD
2. Consulting fee or honorarium	✓					×
						ADD
3. Support for travel to meetings for the study or other purposes	✓					×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	✓					×
						ADD
Payment for writing or reviewing the manuscript	√					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	✓					×



The Work Under Consideration for Publication							
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
						ADD	
7. Other	\checkmark					×	
						ADD	

Section 3. Relevant financial activities outside the submitted work.

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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	✓					×	
						ADD	
2. Consultancy	✓					×	
						ADD	
3. Employment	\checkmark					×	
						ADD	
4. Expert testimony	\checkmark					×	
						ADD	
5. Grants/grants pending		√		NIH	K23 RR16068; RO1-OH009149	×	
						ADD	
Payment for lectures including service on speakers bureaus	✓					×	
						ADD	
Payment for manuscript preparation	✓					×	

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Relevant financial activities outside the submitted work							
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
						ADD	
Patents (planned, pending or issued)	\checkmark					×	
						ADD	
9. Royalties	\checkmark					×	
						ADD	
Payment for development of educational presentations	✓					×	
						ADD	
11. Stock/stock options	✓					×	
						ADD	
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	✓			Received partial reimbursement of meeting expenses from American Thoracic Society for invited lecture at International Conference		×	
						ADD	
13. Other (err on the side of full disclosure)	✓					×	
						ADD	

^{*} This means money that your institution received for your efforts.

^{**} For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.



Soction 4	
Section 4.	Other relationships
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
No other rela	tionships/conditions/circumstances that present a potential conflict of interest
Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
	icted loan of sleep diagnostic equipment from Embla, Inc., for conduct of research protocol regarding structive sleep apnea funded by the National Institutes of Health.
	nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. rnals may ask authors to disclose further information about reported relationships.
	Hide All Table Rows Checked 'No'

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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.



Section 1.	Identifying Infor	mation		
1. Given Name (Fi J. Richard	rst Name)	2. Surname (Last Name) Landis		3. Effective Date (07-August-2008) 16-December-2011
4. Are you the corresponding author? Yes Volume No		Corresponding Author's Name NHLBITerri A. Weaver		
5. Manuscript Title CPAP Treatment		ith Milder OSA: Results of	the CATNAP Randomized Clir	nical Trial
6. Manuscript Ide	ntifying Number (if you	know it)		

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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.

The Work Under Consideration (for Publ	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant			✓	NHLBI		×
						ADD
2. Consulting fee or honorarium	✓					×
						ADD
3. Support for travel to meetings for the study or other purposes	✓					×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	✓					×
						ADD
Payment for writing or reviewing the manuscript	✓					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	✓					×



The Work Under Consideration for Publication							
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
						ADD	
7. Other	✓					×	
						ADD	

Section 3.

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Relevant financial activities out	side the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership		✓		DSMBS: NIH, Bristol Myers Squibb		×
						ADD
2. Consultancy	\checkmark					×
						ADD
3. Employment	\checkmark					×
						ADD
4. Expert testimony	\checkmark					×
						ADD
5. Grants/grants pending			\checkmark	NIH		×
						ADD
6. Payment for lectures including service on speakers bureaus		✓		Harvard School of Public Health, May 2011		×
						ADD

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Relevant financial activities outs	ide the	submit	ted work				
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
Payment for manuscript preparation	✓					×	
						ADD	
Patents (planned, pending or issued)	✓					×	
		_	_			ADD	
9. Royalties	\checkmark	Ш				×	
						ADD	
Payment for development of educational presentations	√					×	
						ADD	
11. Stock/stock options	√					X	
						ADD	
 Travel/accommodations/ meeting expenses unrelated to activities listed** 	✓					×	
						ADD	
Other (err on the side of full disclosure)	✓					×	
						ADD	
* This means money that your institution received for your efforts. ** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.							
Section 4. Other relationships							
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?							
✓ No other relationships/conditions	s/circum	stances th	nat present a n	otential conflict of intere	est		
No other relationships/conditions/circumstances that present a potential conflict of interest Yes, the following relationships/conditions/circumstances are present (explain below):							

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Hide All Table Rows Checked 'No'

SAVE



Evaluation and Feedback

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Other relationships.

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.

Lee-Chiona



Section 1. Identifying Inform	ation	
Given Name (First Name) Teofilo	2. Surname (Last Name) Lee-Chiong	3. Effective Date (07-August-2008) 18-July-2012
4. Are you the corresponding author?	Yes V No	Corresponding Author's Name Terri E. Weaver, PhD, RN, FAAN
5. Manuscript Title		
CPAP Treatment of Sleepy Patients with 6. Manuscript Identifying Number (if you kn		e CATNAP Randomized Clinical Trial
white the second second to the second	martin page of the little of the state of th	

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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.

Туре	No Pa	ou Institution®		Comments**
Grant 1			MH	

This means money that your institution received for your efforts on this study.

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Relevant financial activities outside the submitted work

7-18-12

^{**} Use this section to provide any needed explanation.



Relevant financial activities out	side the su	bmitte	d work		
Type of Relationship (in alphabetical order)	No P	aid to	Money to Your nstitution*	Entity	Comments
Type of Relationship (in alphabetical order)	No Pa	aid to	Money to Your nstitution*	Entity	Comments
2. Consultancy		\mathbf{Z}) '\[\begin{align*}	Elsevier	Consulting Editor ×
2 Consultancy				CareCore National	Medical Advisor ADD
3. Employment		7		Philips Respironics	Medical Liaison X
9. Royalties				Oxford Publishing	× 1
9. Royalties		$\mathbf{\Delta}(x)$		Elsevier	×
9. Royalties	<u>;</u> ","Ш",",	Ø×.		Lippincott	×
gi Royalties	*II	[2] ::		Wiley	<u> </u>
9 Royalties	ÿ⊈;;	Z C		Createspace	×
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At the time of manuscript acceptan On occasion, journals may ask author	ce, journals v ors to disclos	vill ask a e furthe	uthors to cor r information	nfirm and, if necessary, u about reported relation	nships.
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Section 1. Identifying Infor	mation	
 Given Name (First Name) Gre5 Are you the corresponding author? 	2. Surname (Last Name) Maislin Yes X No	3. Effective Date (07-August-2008) - February - 2012
5. Manuscript Title	f Sleepy Patients with	th Milder OSA a CATNAP Randomited

Section 2. The Work Under Consideration for Publication

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.

The Work Under Consideration for Publication								
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**			
1. Grant			X	NHLBI	HL07610	×		
						ADD		
2. Consulting fee or honorarium						×		
						ADD		
Support for travel to meetings for the study or other purposes	A					×		
						ADD		
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	×					×		
						ADD		
Payment for writing or reviewing the manuscript	X					×		
						ADD		
 Provision of writing assistance, medicines, equipment, or administrative support 						×		



The Work Under Consideration for Publication								
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**			
						ADD		
7. Other						×		
						ADD		

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.

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Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	X					>
2. Consultancy	7					AD >
3. Employment	A					AE >
1. Expert testimony	X					AE >
. Grants/grants pending	A					AE >
. Payment for lectures including service on speakers bureaus	囟					AD >
. Payment for manuscript preparation	×					AD ×

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						AL
. Patents (planned, pending or issued)	N N					>
Douglaine						A
. Royalties	\boxtimes) AF
. Payment for development of						AE
educational presentations	×				890.0	,
. Stock/stock options						AE
. Stock Stock Options						A
. Travel/accommodations/ meeting expenses unrelated to activities listed**	中					>
04-74-11-668	\ /					AL
. Other (err on the side of full disclosure)	X					>
						AE
This means money that your institution For example, if you report a consultan	received t cy above t	for your eff here is no i	forts. need to report trave	I related to that consu	ltancy on this line.	
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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.

Conflict of Interest Statement: Greg Maislin

Mr. Maislin is Principal Biostatistician of Biomedical Statistical Consulting (BSC), an independent contract research organization specializing in statistical analysis of clinical trials conducted for regulatory review purposes, primarily in the area of orthopedic medical devices. The research conducted for this manuscript is not within the scope of the kinds of studies supported by BSC nor does BSC or Mr. Maislin have any interest, financial or otherwise, in the results of this scientific study.

grez Mul 1-Feb-2012



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 four parts.

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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Other relationships.

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.



Relevant financial activities out	side the	submitt	ted work				
Type of Relationship (in alphabetical order)		Money Paid to	Money to Your				
0. Data at /	- 5						
Patents (planned, pending or issued)	1						
9. Royalties							
9. hoyalties							
10. Payment for development of educational presentations	1						
11. Stock/stock options	1						
 Travel/accommodations/ meeting expenses unrelated to activities listed** 	1						
13. Other (err on the side of full disclosure)	1						
* This means money that your institution ** For example, if you report a consultance	received for	or your eff nere is no r	forts. need to report to	ravel related to that o	onsultancy on t	his line.	
Service Other relationsh	nips						
Are there other relationships or activi potentially influencing, what you wro	ties that r	eaders co	ould perceive t d work?	to have influenced,	or that give th	ie appearance of	
				Not the and the for all the			
No other relationships/conditions Yes, the following relationships/co							
At the time of manuscript acceptance On occasion, journals may ask author	e, journals s to disclo	will ask a ose furthe	authors to con er information	firm and, if necessa about reported rel	ary, update the ationships.	ir disclosure stater	ments.

faction 1-1 Identifying Info	ormation	
1. Given Name (First Name)	2. Surname (Last Name) M. P. W. J. W. I	3. Effective Date (07-August-2008)
4. Are you the corresponding author?	Yes UNO	
5. Manuscript Title		
6. Manuscript Identifying Number (if yo	u know it)	

The Work Under Consideration for Publication

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.

į	he Work Under Consideration f	or Publi	cation			
	Type.	No	Money I Paid to You In	Againsy to Your stitution	Name of Entity	Commenter
1	. Grant			✓	NIH	
2	. Consulting fee or honorarium					
3	Support for travel to meetings for the study or other purposes					
4	Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like					
5.	Payment for writing or reviewing the manuscript	V				
6.	Provision of writing assistance, medicines, equipment, or administrative support	d				



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The Work Under Consideration for Publication							
Туре	No Paid to You	Money to Your Institution?					
7. Other							

Relevant financial activities outside the submitted work.

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Complete each row by checking "No" or providing the requested information.

Relevant financial activities outside the submitted work								
Type of Relationship (in alphabetical order)	No		Money to Your Institutions	Entity	Comments			
1. Board membership	9							
2. Consultancy								
3. Employment								
4. Expert testimony								
5. Grants/grants pending	7							
Payment for lectures including service on speakers bureaus	Ø							
Payment for manuscript preparation	T							

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



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4. Other relationships.

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.



Section 1.	Identifying Infor	mation		
1. Given Name (Fi David	rst Name)	2. Surname (Last Name) Rapoport		3. Effective Date (07-August-2008) 19-January-2012
4. Are you the cor	responding author?	Yes Vo	Corresponding Author's Name Terry Weaver	
5. Manuscript Title CPAP Treatment		ith Milder OSA: Results of 1	he CATNAP Randomized Clin	ical Trial
6. Manuscript Ide	ntifying 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 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.

The Work Under Consideration t	or Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	√					×
						ADD
2. Consulting fee or honorarium	✓					×
						ADD
3. Support for travel to meetings for the study or other purposes	✓					×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	✓					×
						ADD
Payment for writing or reviewing the manuscript	✓					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	✓					×



The Work Under Consideration for Publication								
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**			
						ADD		
7. Other	✓					×		
						ADD		

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		✓		APNEX Medical	Advisory Board	×		
1. Board membership		✓		Advanced Brain Monitoring	Advisory Board	×		
						ADD		
2. Consultancy		\checkmark		Fisher & Paykel Healthcare		×		
						ADD		
3. Employment	√					×		
						ADD		
4. Expert testimony	✓					×		
						ADD		
5. Grants/grants pending			\checkmark	Fisher & Paykel Healthcare	Development of Novel CPAP methods	×		
						ADD		
Payment for lectures including service on speakers bureaus		\checkmark		Fisher & Paykel Healthcare		×		

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Relevant financial activities outside the submitted work							
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
						ADI	
Payment for manuscript preparation	✓					×	
						ADI	
Patents (planned, pending or issued)			\checkmark	Fisher and Paykel Healthcare	CPAP devices	×	
8. Patents (planned, pending or issued)			\checkmark	Health C'Aire	CPAP devices	×	
						ADI	
9. Royalties			\checkmark	Fisher and Paykel Healthcare	CPAP devices	×	
9. Royalties			\checkmark	Health C'Aire	CPAP devices	×	
						ADI	
Payment for development of educational presentations	✓					×	
						ADI	
11. Stock/stock options	\checkmark					×	
						ADI	
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	√					×	
						ADI	
Other (err on the side of full disclosure)	V					×	
						ADI	

^{*} This means money that your institution received for your efforts.

Section 4. Ot

Other relationships

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?

No other relationships/conditions/circumstances that present a potential conflict of interes
--

Yes, the following relationships/conditions/circumstances are present (explain below):

^{**} For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.



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.

Hide All Table Rows Checked 'No'

SAVE

Evaluation and Feedback

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5) 25 Literatura Section Section	rmation				
1. Given Name (Eirst Name)	2. Surname (Las	st Name) Shulman No		3. Effective Date (0	07-August-2008) タルレイス
4. Are you the corresponding author?					,
5. Manuscript Title CAL Treatment of 6. Manuscript Identifying Number (if you	Sleepy Patron	Iswith Mile	ly USA-Re	sults of the	CATNAP Fort
6. Manuscript Identifying Number (if you	(know/ft) 20/202 -	020000	9 	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
Did you or your institution at any tim (including but not limited to grants, o	e recejve payment	or services from a 1	third party for an	y aspect of the subs aration, statistical a	nitted work nalysis, etc)?
Complete each row by checking "No" "Add" button to add a row. Excess to	or providing the n	equested informati	ion, If you have i		
The Work Under Consideration	or Publication		d d Lamino y perdigency (1/2)	nie de la companie d La companie de la companie de	
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3. Support for travel to meetings for the study or other purposes				Subcon Site	Ya.ded
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 					
5. Payment for writing or reviewing the manuscript					
 Provision of writing assistance, medicines, equipment, or administrative support 					



The Work Under Considera	tion for Publication			<u> </u>
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7. Öther				

Relevant financial activities outside the submitted work.

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Relevant financial activities ou	tside the	submitte	d work			=
Type of Relationship (in alphab <u>etical order)</u>	No	Pard to	Money to Your istitution	Entity	Comments i	
1. Board membership						1742 1741
2. Consultancy						
3. Employment						
4. Expert testimony					以	700.00
5. Grants/grants pending	T					
Payment for lectures including service on speakers bureaus						
7. Payment for manuscript preparation	\(\overline{\pi}\)				超 基 三 元	

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^{**} Use this section to provide any needed explanation.



Relevant financial activities out	side the	naj nasilitat yang dan kalangan	and the grades appropriately			
Type of Relationship (in alphabetical order)	[46]	Raid to	Money to Your Institution	Entity	Cominents	
		<u> </u>	 			
8. Patents (planned, pending or issued)						
9. Royalties						
Payment for development of	/	1				
educational presentations	团					
1. Stock/stock options	The state of the s					
 Travel/accommodations/ meeting expenses unrelated to activities listed** 		, 🗆				
3. Other (err on the side of full disclosure)						
*This means money that your institution ** For example, if you report a consultance	received cy above t	for your eff here is no r	orts. need to report tr	evel related to that cons	uitancy on this line.	
Section 本語 Other relationsi	าไทร	uv s vilakt a jesteka	one (ng <u>ila</u> a)— no opi kar <u>i</u> a (dil			
Are there other relationships or activ potentially influencing, what you wro	ities that			o have influenced, or	that give the appearance o	of
No other relationships/conditions	s/circums	itances thi	at present a po	tential conflict of inte	rest	
Yes, the following relationships/c	ondition	s/circumst	ances are pres	ent (explain below):		

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Mendernadianania

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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.



Section 1.	Identifying Infor	mation		
1. Given Name (Fi Joyce	rst Name)	2. Surname (Last Name) Walsleben		3. Effective Date (07-August-2008) 10-July-2012
4. Are you the cor	responding author?	Yes Vo	Corresponding Author's Nam Terri Weaver	ne
5. Manuscript Title CPAP treatment		th milder OSA: Results of t	ne CATNAP Randomization Cli	nical Trial
6. Manuscript Idea	ntifying Number (if you R2	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 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.

The Work Under Consideration t	for Publ	ication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant			✓	NIH		×
						ADD
2. Consulting fee or honorarium	✓					×
						ADD
Support for travel to meetings for the study or other purposes	✓					×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	✓					×
						ADD
Payment for writing or reviewing the manuscript	✓					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	✓					×



The Work Under Consideration	on for Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other	✓					×
						ADD

Section 3. Relevant

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Relevant financial activities out	side the	submitt	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	✓					×
						ADD
2. Consultancy	\checkmark					×
						ADD
3. Employment	\checkmark				retired now	X
						ADD
4. Expert testimony	\checkmark					X
						ADD
5. Grants/grants pending	\checkmark					X
						ADD
Payment for lectures including service on speakers bureaus	✓					×
						ADD
Payment for manuscript preparation	✓					×

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Relevant financial activities outs	ide the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
Patents (planned, pending or issued)	✓					×
						ADD
9. Royalties	\checkmark					×
						ADD
Payment for development of educational presentations	✓					×
						ADD
11. Stock/stock options	✓					×
						ADD
 Travel/accommodations/ meeting expenses unrelated to activities listed** 	✓					×
						ADD
Other (err on the side of full disclosure)	✓					×
						ADD
* This means money that your institution ** For example, if you report a consultanc				ravel related to that consul	tancy on this line.	
Section 4. Other relationsh	nips					

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? No other relationships/conditions/circumstances that present a potential conflict of interest Yes, the following relationships/conditions/circumstances are present (explain below): At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements.

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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 four parts.

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.

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". Then complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

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. Other relationships.

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.



Section 1.	ldentifying Infor	mation	
1. Given Name (Fi	rst Name)	2. Surname (Last Name) Weaver	3. Effective Date (07-August-2008) 05-February-2012
4. Are you the cor	responding author?	✓ Yes No	
5. Manuscript Title	2		
CPAP Treatment	of Sleepy Patients w	ith Milder OSA: Results of the CATNAP Randomized C	linical Trial
6. Manuscript lder	ntifying 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 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.

The Work Under Consideration f	or Publ	ication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant			✓	NIH		×
1. Grant			\checkmark	Cephalon, Inc.		×
1. Grant			✓	Respironics Sleep and Respiratory Foundation		×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support			\checkmark	Philips Respironics	Equipment	×
Provision of writing assistance, medicines, equipment, or administrative support			\checkmark	Pro-Tech	Equipment	×
Provision of writing assistance, medicines, equipment, or administrative support			\checkmark	Embla	Equipment	×
						ADD
7. Other	\checkmark					×
						ADD



- * This means money that your institution received for your efforts on this study.
- ** Use this section to provide any needed explanation.

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	
2. Consultancy		√		Apnex Medical, Inc.		×
						ADD
3. Employment	✓					×
						ADD
9. Royalties		✓		Nova Som Apnex Medical, Inc GlaxoSmithKline Philips Respironics Cephalon, Inc. Innovaderm	License fees for the Functional Outcomes of Sleep Questionnaire	×
						ADD

Section 4.	
	Other relationship

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?

 \checkmark No other relationships/conditions/circumstances that present a potential conflict of interest

Yes, the following relationships/conditions/circumstances are present (explain below):

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^{**} For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.



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