

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.

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4. Intellectual Property.

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
David

2. Surname (Last Name)
Gozal

3. Date
22-March-2016

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Leila Kheirandish-Gozal

5. Manuscript Title
Effect of Sleep-Disordered Breathing Severity on Cognitive Performance Measures in a Large Community Cohort of Young School-Aged Children.

6. Manuscript Identifying Number (if you know it)
Blue-201510-2099OC.R3

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Section 6. Disclosure Statement

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

Dr. Gozal has nothing to disclose.

Evaluation and Feedback

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ICMJJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

SLOTT J.

2. Surname (Last Name)

KHEIRANDISH

3. Date

22-March-2016

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 Yes No

Corresponding Author's Name

Leila Kheirandish-Gozal

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jaeson 2. Surname (Last Name) Kaylegian 3. Date 22-March-2016
4. Are you the corresponding author? Yes No Corresponding Author's Name
Leila Kheirandish-Gozal
5. Manuscript Title
Effect of Sleep-Disordered Breathing Severity on Cognitive Performance Measures in a Large Community Cohort of Young School-Aged Children.
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Section 1. Identifying Information

1. Given Name (First Name)

Leila

2. Surname (Last Name)

Kheirandish-Gozal

3. Date

22-March-2016

4. Are you the corresponding author?

Yes No

5. Manuscript Title

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Section 1. Identifying Information

1. Given Name (First Name) Mona	2. Surname (Last Name) Philby	3. Date 16-August-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr. Leila Kheirandish-Gozal
5. Manuscript Title Effect of Sleep-Disordered Breathing Severity on cognitive performance measures in a large community cohort of young school-aged children		
6. Manuscript Identifying Number (if you know it) Blue-201510-2099OC.R3		

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Dale

2. Surname (Last Name)
Smith

3. Date
22-March-2016

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Yes No

Corresponding Author's Name
Leila Kheirandish-Gozal

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