

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

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

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4. Intellectual Property.

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

5. Relationships not covered above.

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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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

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) David 2. Surname (Last Name) Au 3. Date 03-June-2017

4. Are you the corresponding author? Yes No Corresponding Author's Name
Lucas M. Donovan

5. Manuscript Title
Sleep Disturbance in Smokers with Preserved Pulmonary Function and Chronic Obstructive Pulmonary Disease

6. Manuscript Identifying 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 (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Novartis-Data Monitoring Committee	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
American Board of Internal Medicine-Exam Writing Committee	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Annals of the American Thoracic Society-Deputy Editor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Section 4. Intellectual Property -- Patents & Copyrights

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

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Au reports personal fees from Novartis for service on a data monitoring committee, personal fees from American Board of Internal Medicine for service on the exam writing committee, and personal fees from Annals of the American Thoracic Society for service as a deputy editor, outside the submitted work.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Shannon

2. Surname (Last Name)
Carson

3. Date
06-June-2017

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Lucas M. Donovan

5. Manuscript Title
Sleep Disturbance in Smokers with Preserved Pulmonary Function and Chronic Obstructive Pulmonary Disease

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Dr. Carson has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Lucas

2. Surname (Last Name)
Donovan

3. Date
03-June-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Sleep Disturbance in Smokers with Preserved Pulmonary Function and Chronic Obstructive Pulmonary Disease

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIH T32HL007287-38	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Donovan reports grants from NIH T32HL007287-38, during the conduct of the study.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Laura 2. Surname (Last Name) Feemster 3. Date 03-June-2017

4. Are you the corresponding author? Yes No Corresponding Author's Name
Lucas M. Donovan

5. Manuscript Title
Sleep Disturbance in Smokers with Preserved Pulmonary Function and Chronic Obstructive Pulmonary Disease

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIH K23 HL111116	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
American Lung Association	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Veteran's Health Administration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 4. Intellectual Property -- Patents & Copyrights

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

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Dr. Feemster reports grants from NIH K23 HL111116, grants from American Lung Association, grants from Veteran's Health Administration, outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Matthew	2. Surname (Last Name) Griffith	3. Date 30-May-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lucas M. Donovan
5. Manuscript Title Sleep Disturbance in Smokers with Preserved Pulmonary Function and Chronic Obstructive Pulmonary Disease		
6. Manuscript Identifying Number (if you know it)		

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Dr. Griffith has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Vishesh

2. Surname (Last Name)
Kapur

3. Date
30-May-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Lucas M. Donovan

5. Manuscript Title
Sleep Disturbance in Smokers with Preserved Pulmonary Function and Chronic Obstructive Pulmonary Disease

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? Yes No

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Dr. Kapur has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jerry 2. Surname (Last Name) Krishnan 3. Date 06-June-2017

4. Are you the corresponding author? Yes No Corresponding Author's Name
Lucas M. Donovan

5. Manuscript Title
Sleep Disturbance in Smokers with Preserved Pulmonary Function and Chronic Obstructive Pulmonary Disease

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIH RC2 HL101618	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Krishnan reports grants from NIH RC2 HL101618 , during the conduct of the study;.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Peter

2. Surname (Last Name)
Lindenauer

3. Date
06-June-2017

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Lucas M. Donovan

5. Manuscript Title
Sleep Disturbance in Smokers with Preserved Pulmonary Function and Chronic Obstructive Pulmonary Disease

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? Yes No

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIH K24HL132008	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Section 4. Intellectual Property -- Patents & Copyrights

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

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Dr. Lindenauer reports grants from NIH NHLBI K24HL132008 , during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Richard

2. Surname (Last Name)

Mularski

3. Date

06-June-2017

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Lucas M. Donovan

5. Manuscript Title

Sleep Disturbance in Smokers with Preserved Pulmonary Function and Chronic Obstructive Pulmonary Disease

6. Manuscript Identifying Number (if you know it)

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Dr. Mularski has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Edward	2. Surname (Last Name) Naureckas	3. Date 06-June-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lucas M. Donovan
5. Manuscript Title Sleep Disturbance in Smokers with Preserved Pulmonary Function and Chronic Obstructive Pulmonary Disease		
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Brian

2. Surname (Last Name)
Palen

3. Date
30-May-2017

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Lucas M. Donovan

5. Manuscript Title
Sleep Disturbance in Smokers with Preserved Pulmonary Function and Chronic Obstructive Pulmonary Disease

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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

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Dr. Palen has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Elizabeth	2. Surname (Last Name) Parsons	3. Date 30-May-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lucas M. Donovan
5. Manuscript Title Sleep Disturbance in Smokers with Preserved Pulmonary Function and Chronic Obstructive Pulmonary Disease		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Dr. Parsons has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Peter	2. Surname (Last Name) Rise	3. Date 03-June-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lucas M. Donovan
5. Manuscript Title Sleep Disturbance in Smokers with Preserved Pulmonary Function and Chronic Obstructive Pulmonary Disease		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Dr. Rise has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Laura

2. Surname (Last Name)
Spece

3. Date
30-May-2017

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Lucas M. Donovan

5. Manuscript Title
Sleep Disturbance in Smokers with Preserved Pulmonary Function and Chronic Obstructive Pulmonary Disease

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	T32HL007287-38

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Dr. Spece reports grants from NIH, T32HL007287-38 during the conduct of the study.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Michael

2. Surname (Last Name)

Vitiello

3. Date

06-June-2017

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Lucas M. Donovan

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