

Instructions

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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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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

Au 1



	Section 1. Identifying Inform				
	Identifying Inform	ation			
	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 Lucas M. Donovan	r's Name	
	5. Manuscript Title Sleep Disturbance in Smokers with Pres	erved Pulmonary Functio	n and Chronic Obstruc	tive Pulmonary Disease	
	6. Manuscript Identifying Number (if you kn	ow it)			
			_		
	Section 2. The Work Under Co	onsideration for Publi	cation		
	Did you or your institution at any time recei any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grants, da			tc.) for
	Section 3. Polovent Grandial				
	Relevant financial	activities outside the	submitted work.		
	Place a check in the appropriate boxes in of compensation) with entities as described clicking the "Add +" box. You should repart there any relevant conflicts of interesting the second conflicts of	bed in the instructions. Upport relationships that we set? Yes No Normation below.	se one line for each ent re present during the	tity; add as many lines as you need	d by
	Name of Entity	Grant? Personal No	n-Financial Other?	Comments	
١	Novartis-Data Monitoring Committee				
	American Board of Internal Medicine-Exam Vriting Committee				
	Annals of the American Thoracic Society-				

Au 2



Section 4. Intellectual Property Patents & Copyrights			
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes V No			
Section 5. Relationships not covered above			
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?			
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✓ No other relationships/conditions/circumstances that present a potential conflict of interest			
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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

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

Au 3



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Carson 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fi	rst Name)	2. Surname (Last Name) Carson	3. Date 06-June-2017	
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Lucas M. Donovan	
5. Manuscript Title Sleep Disturband		served Pulmonary Function	n and Chronic Obstructive Pulmonary Disease	
6. Manuscript Ider	ntifying Number (if you kr	now it)		
			-	
Section 2.	The Work Under Co	onsideration for Public	cation	
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.	Polovant financial		udamissad urault	
Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication . Are there any relevant conflicts of interest? Yes Yes No				
Section 4.	Intellectual Proper	rty Patents & Copyric	ghts	
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No	

Carson 2



Section 5.					
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Section 6.	Disclosure Statement				
Based on the abo below.	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box				
Dr. Carson has no	othing to disclose.				

Evaluation and Feedback

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Carson 3



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

Donovan 1



Section 1. Identifying Inform	nation			
identifying inform				
1. Given Name (First Name)	2. Surname (Last Name)		3. Date 03-June-2017	
Lucas	Donovan		05-June-2017	
4. Are you the corresponding author?	✓ Yes No			
5. Manuscript Title Sleep Disturbance in Smokers with Pre	served Pulmonary Function a	and Chronic Obstructive	e Pulmonary Disease	
·	<u> </u>	ma chiome obstractive	er annonary bisease	
6. Manuscript Identifying Number (if you k	now it)			
Section 2. The Work Under C	ionsideration for Publica	tion		
Did you or your institution at any time rece	eive payment or services from a 1	:hird party (government, o	commercial, private foundation, etc.) for	
any aspect of the submitted work (including statistical analysis, etc.)?	g but not limited to grants, data	monitoring board, study	design, manuscript preparation,	
Are there any relevant conflicts of inter	rest? ✓ Yes No			
If yes, please fill out the appropriate inf	•	more than one entity p	ress the "ADD" button to add a row.	
Excess rows can be removed by pressing the "X" button.				
Name of Institution/Company	Grant	oport? Other? Co	omments	
NIH T32HL007287-38	rees out			
	V L			
Section 3. Polovant financial				
Relevant financial	activities outside the su	omitted work.		
Place a check in the appropriate boxes		•		
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Do you have any patents, whether plar	nned, pending or issued, broa	dly relevant to the wor	rk?	

Donovan 2



Section 5. Polationships not severed above		
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Dr. Donovan reports grants from NIH T32HL007287-38, during the conduct of the study.		

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Donovan 3



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Feemster 1

patent



Section 1. Identifying Inform	ation			
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 Pres	erved Pulmonary Function	n and Chronic Obstructive Pulmonary Disease		
6. Manuscript Identifying Number (if you kr	now it)			
		-		
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Section 3. Relevant financial	activities outside the s	ubmitted work.		
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Are there any relevant conflicts of intered If yes, please fill out the appropriate info				
Name of Entity	Grant? Personal Nor	Other? Comments		
NIH K23 HL111116	✓ □			
American Lung Association				
Veteran's Health Administration	✓			
Section 4. Intellectual Proper	ty Patents & Copyrig	ıhts		
Do you have any patents, whether plan				

Feemster 2



Section 5.				
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	ports grants from NIH K23 HL111116, grants from American Lung Association, grants from Veteran's Health outside the submitted work.			

Evaluation and Feedback

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Feemster 3



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patent

Griffith 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fir Matthew	st Name)	2. Surname (Last Name) Griffith	3. Date 30-May-2017	
4. Are you the corr	esponding author?	Yes ✓ No	Corresponding Author's Name Lucas M. Donovan	
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Griffith 2



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Dr. Griffith has nothing to disclose.		

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

Kapur 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fil Vishesh	rst Name)	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 Disturband		served Pulmonary Function	n and Chronic Obstructive Pulmonary Disease	
6. Manuscript Ider	ntifying Number (if you kr	now it)		
			-	
Section 2.	The Work Under Co	onsideration for Public	tation	
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 s	submitted work	
Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication . Are there any relevant conflicts of interest? Yes Vo				
Section 4.	Intellectual Proper	rty Patents & Copyric	ghts	
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No	

Kapur 2



Section 5.					
	Relationships not covered above				
	Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?				
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):				
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest				
	At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.				
Section 6.	Disclosure Statement				
Based on the abo below.	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box				
Dr. Kapur has no	othing to disclose.				

Evaluation and Feedback

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Kapur 3



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Krishnan 1



Section 1.	Identifying Inform	ation			
1. Given Name (Fi	rst Name)	2. Surname (Last Name Krishnan		3. Date 06-June-20	017
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Au		
5. Manuscript Title Sleep Disturband	e ce in Smokers with Pres	erved Pulmonary Funct	ion and Chronic Obst	ructive Pulmonary D	Disease
6. Manuscript lder	ntifying Number (if you kn	ow it)			
Section 2.	The Work Under Co	onsideration for Pub	olication		
any aspect of the s statistical analysis, Are there any rel If yes, please fill o	titution at any time recei ubmitted work (including etc.)? evant conflicts of intere out the appropriate info be removed by pressing	but not limited to grants, est? Yes No ormation below. If you h	data monitoring board,	study design, manusc	ript preparation,
Name of Institut	ion/Company	Grant? Personal Fees?	Ion-Financial Other	? Comments	
NIH RC2 HL101618		✓			
	l				
Section 3.	Relevant financial	activities outside th	e submitted work.		
of compensation clicking the "Add Are there any rel	the appropriate boxes in the appropriate boxes in the second of the seco	bed in the instructions. port relationships that v est? ☐ Yes ✓ No	Use one line for each vere present during t	entity; add as many	lines as you need by
Section 4.	Intellectual Proper	ty Patents & Copy	rights		
Do you have any	patents, whether planr	ned, pending or issued,	broadly relevant to th	ne work? Yes	✓ No

Krishnan 2



Section 5. Polationships not sovered above
Relationships not covered above
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Section 6. Disclosure Statement
Disclosure Statement
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Dr. Krishnan reports grants from NIH RC2 HL101618 , during the conduct of the study; .

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patent

Lindenauer 1



Section 1.	Identifying Inform	ation					
1. Given Name (Fi Peter	rst Name)	2. Surname Lindenaue	(Last Name) r			. Date 16-June-201	7
4. Are you the cor	responding author?	Yes	✓ No	Correspon Lucas M. I	ding Author's Name Donovan	<u> </u>	
5. Manuscript Title Sleep Disturband	e ce in Smokers with Pres	erved Pulmo	nary Functio	n and Chron	nic Obstructive Pu	lmonary Dis	sease
6. Manuscript lder	ntifying Number (if you kn	ow it)					
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Section 2.	The Work Under Co	nsideratio	on for Publi	cation			
any aspect of the s statistical analysis, Are there any rela If yes, please fill c	titution at any time recei ubmitted work (including etc.)? evant conflicts of intere out the appropriate info be removed by pressing	but not limite st? Ye rmation belo	ed to grants, da s No ow. If you hav	ta monitorin	g board, study desig	gn, manuscri _l	ot preparation,
Name of Institut	ion/Company	Grant	ersonal No	n-Financial upport <mark>?</mark>	Other Comm	nents	
NIH K24HL132008		✓					
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Section 3.	Relevant financial	activities o	utside the	ubmitted	work.		
of compensation clicking the "Add Are there any rel	the appropriate boxes in the appropriate boxes in the second in the seco	bed in the in ort relations st? Ye	structions. Uships that we	se one line for e present d	or each entity; add	d as many li	nes as you need by
Section 4.	Intellectual Proper	ty Paten	ts & Copyri	ghts			
Do you have any	patents, whether plans	ned, pending	g or issued, bi	oadly releva	ant to the work?	Yes [✓ No

Lindenauer 2



Section 5. Polationships not sovered above
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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?
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Dr. Lindenauer reports grants from NIH NHLBI K24HL132008, during the conduct of the study;.

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Mularski 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi	rst Name)	2. Surname (Last Name) Mularski	3. Date 06-June-2017
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Lucas M. Donovan
5. Manuscript Title Sleep Disturband		served Pulmonary Function	n and Chronic Obstructive Pulmonary Disease
6. Manuscript lder	ntifying Number (if you kr	now it)	
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any aspect of the s statistical analysis,	ubmitted work (including	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
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Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? ☐ Yes ✓ No

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Section 5. Relationships not sovered above
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Dr. Mularski has nothing to disclose.

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Naureckas 1



Section 1. Identifying Infor	mation			
1. Given Name (First Name) Edward	2. Surname (Last Name) Naureckas	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 Pr	eserved Pulmonary Functio	n and Chronic Obstructive Pulmonary Disease		
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Section 3. Relevant financia	al activities outside the	submitted work.		
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Do you have any patents, whether pla	nned, pending or issued, br	roadly relevant to the work? Yes V No		

Naureckas 2



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	tionships or activities that readers could perceive to have influenced, or that give the appearance of ing, what you wrote in the submitted work?
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Palen 1



Section 1. Identifying Inform	mation			
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		
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6. Manuscript Identifying Number (if you k	now it)			
Section 2. The Work Under C	Consideration for Public	cation		
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 Vo				
Section 3. Relevant financial	activities outside the	submitted work.		
of compensation) with entities as desc	ribed in the instructions. Use port relationships that we	nether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by tree present during the 36 months prior to publication.		
Section 4. Intellectual Prope	rty Patents & Copyri	ghts		
Do you have any patents, whether plan	nned, pending or issued, br	roadly relevant to the work? Yes V No		

Palen 2



Section 5. Relationships 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?
Yes, the following relationships/conditions/circumstances are present (explain below):
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Royalties: Funds are coming in to you or your institution due to your patent

Parsons 1



Section 1.	Identifying Inform	ation		
1. Given Name (Firs	st Name)	2. Surname (Last Name) Parsons	3. Date 30-May-2017	
4. Are you the corre	4. Are you the corresponding author?		Corresponding Author's Name Lucas M. Donovan	
5. Manuscript Title Sleep Disturbance	e in Smokers with Pres	erved Pulmonary Functio	n and Chronic Obstructive Pulmonary Disease	
6. Manuscript Iden	tifying Number (if you kr	now it)		
			-	
Section 2.	The Work Under Co	onsideration for Public	cation	
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Section 3.	Relevant financial	activities outside the s	submitted work.	
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Section 4.	Intellectual Proper	rty Patents & Copyri	ghts	
Do you have any	patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V No	

Parsons 2



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Rise 1



Section 1. Identifying Infor	mation	
1. Given Name (First Name) Peter	2. Surname (Last Name) Rise	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 Pro	eserved Pulmonary Functio	n and Chronic Obstructive Pulmonary Disease
6. Manuscript Identifying Number (if you	know it)	
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Section 2. The Work Under	Consideration for Public	cation
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Are there any relevant commets of inte	icst: V ICS	
Section 3. Polouget Groups	al activities outside the s	
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of compensation) with entities as desc	cribed in the instructions. Us	sether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by
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Section 4. Intellectual Prope	erty Patents & Copyri	ghts
Do you have any patents, whether pla	nned, pending or issued, bı	roadly relevant to the work? Yes V No

Rise 2



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Spece 1



Section 1.	Identifying Inform	ation			
1. Given Name (Fi Laura	rst Name)	2. Surname (Last Name Spece)	3. Date 30-May-2	017
4. Are you the cor	responding author?	☐ Yes ✓ No	Correspond Lucas M. D	ling Author's Name Onovan	
5. Manuscript Title Sleep Disturband		erved Pulmonary Func	tion and Chroni	c Obstructive Pulmonary	Disease
6. Manuscript Ider	ntifying Number (if you kn	ow it)			
Section 2.	The Work Under Co	onsideration for Pub	olication		
any aspect of the s statistical analysis, Are there any rel If yes, please fill o	ubmitted work (including etc.)? evant conflicts of intere	but not limited to grants, est? Yes No ormation below. If you h	, data monitoring	government, commercial, probard, study design, manus	script preparation,
Name of Institut	ion/Company	Grant? Personal Fees?	Non-Financial Support?	Other Comments	
NIH		✓		T32HL007287-38	
	ı				
Section 3.	Relevant financial	activities outside th	e submitted v	work.	
of compensation clicking the "Add Are there any rel) with entities as descri +" box. You should rep evant conflicts of intere	bed in the instructions. port relationships that v est? ☐ Yes ✓ No	Use one line fo vere present d u	ve financial relationships or each entity; add as man uring the 36 months pri	y lines as you need by
Section 4.	Intellectual Proper	ty Patents & Copy	rights		
Do you have any	patents, whether plans	ned, pending or issued,	broadly releva	nt to the work? Yes	✓ No

Spece 2



Section 5. Relationships not severed 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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Section 6. Disclosure Statement
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Dr. Spece reports grants from NIH, T32HL007287-38 during the conduct of the study.

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Vitiello 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fir Michael	rst Name)	2. Surname (Last Name) Vitiello	3. Date 06-June-2017
4. Are you the corr	responding author?	Yes ✓ No	Corresponding Author's Name Lucas M. Donovan
5. Manuscript Title Sleep Disturband		served Pulmonary Functio	n and Chronic Obstructive Pulmonary Disease
6. Manuscript Ider	ntifying Number (if you kr	now it)	
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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 ata monitoring board, study design, manuscript preparation,
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Section 4.	Intellectual Proper	rty Patents & Copyric	ghts
Do you have any	•		roadly relevant to the work? Yes V No

Vitiello 2



Section 5.	
Section 5.	Relationships not covered above
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