

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. 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.

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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)  
Allison

3. Date  
30-April-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Glaucylara Reis Geovanini

5. Manuscript Title  
Association between Obstructive Sleep Apnea and Cardiovascular Risk Factors-Variation By Age, Sex and Race: the MESA cohort

6. Manuscript Identifying Number (if you know it)  
White-201802-121OC.R1

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Allison 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)

Glaucylara

2. Surname (Last Name)

Geovanini

3. Date

30-April-2018

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Association between Obstructive Sleep Apnea and Cardiovascular Risk Factors-Variation By Age, Sex and Race: the MESA cohort

6. Manuscript Identifying Number (if you know it)

White-201802-121OC.R1

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Dr. Geovanini 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) Nancy	2. Surname (Last Name) Jenny	3. Date 30-April-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Glaucylara Reis Geovanini
5. Manuscript Title Association between Obstructive Sleep Apnea and Cardiovascular Risk Factors-Variation By Age, Sex and Race: the MESA cohort		
6. Manuscript Identifying Number (if you know it) White-201802-121OC.R1		

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Dr. Jenny 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)  
Libby

3. Date  
30-April-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Glaucylara Reis Geovanini

5. Manuscript Title  
Association between Obstructive Sleep Apnea and Cardiovascular Risk Factors-Variation By Age, Sex and Race: the MESA cohort

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Dr. Libby 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)  
Susan

2. Surname (Last Name)  
Redline

3. Date  
30-April-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Glaucylara Reis Geovanini

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

#### 5. Relationships not covered above.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Steven

2. Surname (Last Name)  
Shea

3. Date  
30-April-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Glaucylara Reis Geovanini

5. Manuscript Title  
Association between Obstructive Sleep Apnea and Cardiovascular Risk Factors-Variation By Age, Sex and Race: the MESA cohort

6. Manuscript Identifying Number (if you know it)  
White-201802-121OC.R1

### 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

### 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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#### 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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Rui	2. Surname (Last Name) Wang	3. Date 30-April-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Glaucylara Reis Geovanini
5. Manuscript Title Association between Obstructive Sleep Apnea and Cardiovascular Risk Factors-Variation By Age, Sex and Race: the MESA cohort		
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### Section 1. Identifying Information

1. Given Name (First Name) Jia	2. Surname (Last Name) Weng	3. Date 30-April-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Glaucylara Reis Geovanini
5. Manuscript Title Association between Obstructive Sleep Apnea and Cardiovascular Risk Factors-Variation By Age, Sex and Race: the MESA cohort		
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