

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Ramon	2. Surname (Last Name) Farre	3. Date 04-August-2018
4. Are you the corresponding author? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
5. Manuscript Title Novel Approach for Providing Pediatric Continuous Positive Airway Pressure (CPAP) Devices in Low-Income Underresourced Regions		
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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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
ResMed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Contract between University of Barcelona and ResMes for testing CPAP devices n the bench.
ANTADIR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Contract between University of Barcelona and ANTADIR for testing CPAP devices n the bench.

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Section 4. Intellectual Property -- Patents & Copyrights

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

Dr. Farre reports other from ResMed, other from ANTADIR, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)
Gemma

2. Surname (Last Name)
Ginovart

3. Date
04-August-2018

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Ramon Farré

5. Manuscript Title
Novel Approach for Providing Pediatric Continuous Positive Airway Pressure (CPAP) Devices in Low-Income Underresourced Regions

6. Manuscript Identifying Number (if you know it)

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Dr. Ginovart has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) David	2. Surname (Last Name) Gozal	3. Date 04-August-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ramon Farré
5. Manuscript Title Novel Approach for Providing Pediatric Continuous Positive Airway Pressure (CPAP) Devices in Low-Income Underresourced Regions		
6. Manuscript Identifying Number (if you know it)		

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Dr. Gozal 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) Daniel	2. Surname (Last Name) Navajas	3. Date 04-August-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ramon Farré
5. Manuscript Title Novel Approach for Providing Pediatric Continuous Positive Airway Pressure (CPAP) Devices in Low-Income Underresourced Regions		
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Dr. Solana has nothing to disclose.

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Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Gerard	2. Surname (Last Name) Trias	3. Date 04-August-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ramon Farré
5. Manuscript Title Novel Approach for Providing Pediatric Continuous Positive Airway Pressure (CPAP) Devices in Low-Income Underresourced Regions		
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

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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**.

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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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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. Trias has nothing to disclose.

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