

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.

Identifying information.

2. The work under consideration for publication.

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3. Relevant financial activities outside the submitted work.

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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



Identifying Information

Section 1.

ICMJE Form for Disclosure of Potential Conflicts of Interest

1. Given Name (First Name) Sairam	2. Surna Parthasa	me (Last Nar arathy	ne)		3. Date 25-May-2018
4. Are you the corresponding author?	✓ Yes	No			
5. Manuscript Title Comparison of Physiological Performan	ce of Foui	Adaptive S	Servo Ventilation	Devices I	n Patients With Complex Sleep Apnea
6. Manuscript Identifying Number (if you kno	ow it)				
Section 2. The Work Under Co	onsidera	tion for P	ublication		
Did you or your institution at any time receivany aspect of the submitted work (including statistical analysis, etc.)?	ve paymer	it or services	from a third party		
Are there any relevant conflicts of intere	st?	Yes ✓	No		
Section 3. Relevant financial a	activities	s outside :	the submitted	work.	
Place a check in the appropriate boxes ir of compensation) with entities as describle clicking the "Add +" box. You should rep	n the table ped in the	e to indicat instruction	e whether you hans. Use one line fo	ove financ or each er	ntity; add as many lines as you need by
Are there any relevant conflicts of intere If yes, please fill out the appropriate info	لنا		No		
Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
IIH/NHLBI	✓				HL138377, HL095799, and HL095748; Research grants to institution.
Patient Centered Outcomes Research Institute	✓				IHS-1306-02505; EAIN #3394-UOA; and PPRND-1507-31666. Research grants to institution
JS Department of Defense	✓				Co-investigator for study on sleep and PTSD. PT130770; Research grant to institution (Killgore, PI)
IIH (National Cancer Institute) NCI	✓				1R21CA184920; Research grant to institution (Martinez, PI)



Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Johrei Institute	✓				Complementary and Alternative Medicine therapy for sleep disturbance	
American Academy of Sleep Medicine		/			For lectures at the AASM Winter Conference; SLEEP 2015, SLEEP 2016; SLEEP 2017; YIRF meeting 2018 meeting	
National Center for Sleep Disorders Researc the NIH (NHLBI)	h of		✓		For travel related to the Sleep Disorders Research Advisory Board (No honorarium)	
UpToDate Inc.		\checkmark			Preparation of educational material	
Younes Sleep Technologies, Ltd.	✓				Research grant to institution	
Niveus Medical Inc.	✓				Research grant to institution	
Vapotherm, Inc.		✓			Honorarium and travel for roundtable discussion	
Merck, Inc.		✓			Speaker at roundtable (\$2,200 in 2016)	
Philips-Respironics, Inc.	✓				Device for treatment of obesity- hypoventilation syndrome and COPD; Comparison of ASV devices; Bioinformatics research study; Research grants to institution	
Philips-Respironics, Inc.		/			Honorarium for participation in Key Opinion Leadership summit (\$2000 in 2014) and roundtable in September 2015 (\$2,000)	
Bayer, Inc.		✓			Honorarium for Advisory Board meeting (\$4,000) in November 2016	
Nightbalance, Inc		✓			Consultant for research protocol	
Section 4. Intellectual Property Patents & Copyrights						
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? 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.						
Patent? Pen	ding? Issue	ed? Licens	ed? Royalties?	License	ce? Comments	



Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
UA 14-018 U.S.S.N. 61/884,654; PTAS 502570970 (Home breathing device)		✓				This is a non-pressure based system that is intended for providing respiratory assistance during sleep in ambulatory patients

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 following relationships/conditions/circumstances are present (explain below):

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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. Parthasarathy reports grants from NIH/NHLBI, grants from Patient Centered Outcomes Research Institute, grants from US Department of Defense, grants from NIH (National Cancer Institute) NCI, grants from Johrei Institute, personal fees from American Academy of Sleep Medicine, non-financial support from National Center for Sleep Disorders Research of the NIH (NHLBI), personal fees from UpToDate Inc., grants from Younes Sleep Technologies, Ltd., grants from Niveus Medical Inc., personal fees from Vapotherm, Inc., personal fees from Merck, Inc., grants from Philips-Respironics, Inc., personal fees from Bayer, Inc., personal fees from Nightbalance, Inc., outside the submitted work; In addition, Dr. Parthasarathy has a patent UA 14-018 U.S.S.N. 61/884,654; PTAS 502570970 (Home breathing device) issued.

Evaluation and Feedback

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

Flores 1



Section 1. Identifying Inform	ation			
1. Given Name (First Name) Aylene	2. Surname (Last Name) Flores	3. Date 18-June-2018		
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Sairam Parthasarathy, MD		
5. Manuscript Title Comparison of Physiological Performan	ce of Four Adaptive Servo	Ventilation Devices In Patients With Complex Sleep Apnea		
6. Manuscript Identifying Number (if you kn	ow it)			
Section 2. The Work Under Co	onsideration for Public	cation		
	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,		
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	ty Patents & Copyric	uhts		
Do you have any patents, whether plant				

Flores 2



Section 5. Polationships not sovered above
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n/a

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Flores 3



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Poongkunran 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fii Chithra	rst Name)	2. Surname (Last Name) Poongkunran	3. Date 14-June-2018		
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Sairam Parthasarathy, MD		
5. Manuscript Title Comparison of P		nce of Four Adaptive Servo	Ventilation Devices In Patients With Complex Sleep Apnea		
6. Manuscript Ider	ntifying Number (if you kr	now it)			
			-		
Section 2.	The Work Under C	onsideration for Public	ation		
any aspect of the s statistical analysis,	stitution at any time rece ubmitted work (including	ive payment or services from g but not limited to grants, dat	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,		
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Section 4.	Intellectual Prope	rty Patents & Copyrig	hts		
Do you have any	patents, whether plan	ned, pending or issued, bro	oadly relevant to the work? ☐ Yes ✓ No		

Poongkunran 2



Section 5. Relationships not severed above
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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. Poongkunran has nothing to disclose.

Evaluation and Feedback

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Poongkunran 3



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Combs 1



Section 1. Identifying Inform	vation			
identifying inform	lation			
1. Given Name (First Name) Daniel	2. Surname (Last Name) Combs		3. Date 14-June-2018	
4. Are you the corresponding author?	Yes ✓ No	Corresponding Autho		
5. Manuscript Title Comparison of Physiological Performan	ce of Four Adaptive Servo	Ventilation Devices In	n Patients With Complex Sleep Apn	ea
6. Manuscript Identifying Number (if you kr	now it)			
		_		
Section 2. The Work Under Co	onsideration for Public	ation		
Did you or your institution at any time rece			ent. commercial, private foundation, etc	:) for
any aspect of the submitted work (including		. , ,	•	, 101
statistical analysis, etc.)? Are there any relevant conflicts of intere	est? Yes ✓ No			
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Are there any relevant conflicts of intere				
If yes, please fill out the appropriate info	ormation below.			
Name of Entity	Grant? Personal Nor	ort? Other?	Comments	
American Academy of Sleep Medicine Foundation				
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Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the	work? Yes 🗸 No	

Combs 2



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Dr. Combs reports grants from American Academy of Sleep Medicine Foundation, outside the submitted work; .

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patent

Knitter 1



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4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Sairam Parthasarathy, MD			
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Knitter 2



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Knitter 3



Instructions

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

Martinez 1



Section 1. Identifying In	nformation				
1. Given Name (First Name) Linka	2. Surname (Last Name) Martinez	3. Date 15-June-2018			
4. Are you the corresponding author	? Yes ✓ No	Corresponding Author's Name Sairam Parthasarathy, MD			
5. Manuscript Title Comparison of Physiological Perf	ormance of Four Adaptive Servo	Ventilation Devices In Patients With Complex Sleep Apnea			
6. Manuscript Identifying Number (if	you know it)				
Section 2. The Work Und	der Consideration for Public	cation			
	cluding but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ita monitoring board, study design, manuscript preparation,			
Section 3. Relevant fina	ncial 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 Y No					
					
Section 4. Intellectual P	roperty Patents & Copyrig	ghts			
Do you have any patents, whethe	r planned, pending or issued, br	oadly relevant to the work? Yes V No			

Martinez 2



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Bailey 1



Section 1. Identifying Inform	mation	
1. Given Name (First Name) Omavi	2. Surname (Last Name) Bailey	3. Date 14-June-2018
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Sairam Parthasarathy, MD
5. Manuscript Title Comparison of Physiological Performa	nce of Four Adaptive Servo	Ventilation Devices In Patients With Complex Sleep Apnea
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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 Volume		
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Lane 1



Section 1					
Section 1.	Identifying Info	ormation			
1. Given Name (Fi Richard	rst Name)	2. Surname (Last Nam Lane	e)	3. Date 23-June-2018	
4. Are you the cor	responding author?	Yes 🗸 No	Corresponding Aut Sairam Parthasara		
5. Manuscript Titl Comparison of F		nance of Four Adaptive Se	ervo Ventilation Devices	s In Patients With Complex Sl	eep Apnea
6. Manuscript Ide	ntifying Number (if yo	u know it)			
Section 2.					
Section 2.	The Work Unde	r Consideration for Pu	blication		
	submitted work (includ			nent, commercial, private found study design, manuscript prepar	
Are there any re	evant conflicts of in	terest? Yes	lo		
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of compensation	n) with entities as de	scribed in the instruction	s. Use one line for each	ncial relationships (regardless entity; add as many lines as y h e 36 months prior to publi	ou need by
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Do you have any	patents, whether p	lanned, pending or issued	d, broadly relevant to th	e work? 🗸 Yes 📄 No	
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Lane 2



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Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
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	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
below.	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Lane reports	a patent, pending: Real Time Vagal Monitoring and Intervention (UA-15-018PCT).

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Kobayashi 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Ume	2. Surname (Last Name) Kobayashi	3. Date 18-June-2018
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Sairam Parthasarathy, MD
5. Manuscript Title Comparison of Physiological Performar	nce of Four Adaptive Servo	Ventilation Devices In Patients With Complex Sleep Apnea
6. Manuscript Identifying Number (if you kr	now it)	
		_
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Do you have any patents, whether plan		

Kobayashi 2



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Zareba 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Wojciech	2. Surname (Last Name) Zareba	3. Date 14-June-2018
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Sairam Parthasarathy, MD
5. Manuscript Title Comparison of Physiological Performa	nce of Four Adaptive Servo	Ventilation Devices In Patients With Complex Sleep Apnea
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Zareba 2



Section 5.			
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