

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".

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.

5. Relationships not covered above.

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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) Sairam 2. Surname (Last Name) Parthasarathy 3. Date 25-May-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Comparison of Physiological Performance of Four Adaptive Servo Ventilation Devices In Patients With Complex Sleep Apnea

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**.

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/NHLBI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HL138377, HL095799, and HL095748; Research grants to institution.
Patient Centered Outcomes Research Institute	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IHS-1306-02505; EAIN #3394-UOA; and PPRND-1507-31666. Research grants to institution
US Department of Defense	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Co-investigator for study on sleep and PTSD. PT130770; Research grant to institution (Killgore, PI)
NIH (National Cancer Institute) NCI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1R21CA184920; Research grant to institution (Martinez, PI)

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Johrei Institute	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Complementary and Alternative Medicine therapy for sleep disturbance
American Academy of Sleep Medicine	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	For lectures at the AASM Winter Conference; SLEEP 2015, SLEEP 2016; SLEEP 2017; YIRF meeting 2018 meeting
National Center for Sleep Disorders Research of the NIH (NHLBI)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	For travel related to the Sleep Disorders Research Advisory Board (No honorarium)
UpToDate Inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Preparation of educational material
Younes Sleep Technologies, Ltd.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research grant to institution
Niveus Medical Inc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research grant to institution
Vapotherm, Inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Honorarium and travel for roundtable discussion
Merck, Inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speaker at roundtable (\$2,200 in 2016)
Philips-Respironics, Inc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Device for treatment of obesity-hypoventilation syndrome and COPD; Comparison of ASV devices; Bioinformatics research study; Research grants to institution
Philips-Respironics, Inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Honorarium for participation in Key Opinion Leadership summit (\$2000 in 2014) and roundtable in September 2015 (\$2,000)
Bayer, Inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Honorarium for Advisory Board meeting (\$4,000) in November 2016
Nightbalance, Inc	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
UA 14-018 U.S.S.N. 61/884,654; PTAS 502570970 (Home breathing device)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		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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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 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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

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 Performance of Four Adaptive Servo Ventilation Devices In Patients With Complex Sleep Apnea

6. Manuscript Identifying Number (if you know it)

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n/a

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Chithra

2. Surname (Last Name)
Poongkunran

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 Performance of Four Adaptive Servo Ventilation Devices In Patients With Complex Sleep Apnea

6. Manuscript Identifying Number (if you know it)

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Dr. Poongkunran 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) Combs

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 Performance of Four Adaptive Servo Ventilation Devices In Patients With Complex Sleep Apnea

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.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
American Academy of Sleep Medicine Foundation	<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. Combs reports grants from American Academy of Sleep Medicine Foundation, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)

James

2. Surname (Last Name)

Knitter

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 Performance of Four Adaptive Servo Ventilation Devices In Patients With Complex Sleep Apnea

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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James Knitter 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) Linka	2. Surname (Last Name) Martinez	3. Date 15-June-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sairam Parthasarathy, MD
5. Manuscript Title Comparison of Physiological Performance of Four Adaptive Servo Ventilation Devices In Patients With Complex Sleep Apnea		
6. Manuscript Identifying Number (if you know it)		

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Section 1. Identifying Information

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
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Section 1. Identifying Information

1. Given Name (First Name) 2. Surname (Last Name) 3. Date

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

5. Manuscript Title

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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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?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments	
Real Time Vagal Monitoring and Intervention (UA-15-018PCT)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		This proposal will only use the paced yogic breathing component of this product.	X

ADD



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Generate Disclosure Statement

Dr. Lane reports a patent, pending: Real Time Vagal Monitoring and Intervention (UA-15-018PCT).

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Ume	2. Surname (Last Name) Kobayashi	3. Date 18-June-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sairam Parthasarathy, MD
5. Manuscript Title Comparison of Physiological Performance of Four Adaptive Servo Ventilation Devices In Patients With Complex Sleep Apnea		
6. Manuscript Identifying Number (if you know it)		

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

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

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