

## 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.

#### 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) Juan C.

2. Surname (Last Name) Celedon

3. Date 14-June-2019

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Juan C. Celedon, MD, DrPH

5. Manuscript Title  
Sleep duration, current asthma, and lung function in a nationwide study of U.S. adults

6. Manuscript Identifying Number (if you know it)  
Blue-201905-1004LE

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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
GSK, Merck, and Pharmavite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Dr. Celedon has received research materials from GSK and Merck (inhaled steroids) and Pharmavite (vitamin D and placebo capsules), in order to provide medications free of cost to participants in NIH-funded studies, unrelated to the current work

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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Dr. Celedon reports having received research materials from GSK and Merck (inhaled steroids) and Pharmavite (vitamin D and placebo capsules) to provide medications free of cost to participants in NIH-funded studies, unrelated to this work.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name)

Ling

2. Surname (Last Name)

Li

3. Date

15-June-2019

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Juan C. Celedon, MD, DrPH

5. Manuscript Title

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Dr. Li has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) Franziska	2. Surname (Last Name) Rosser	3. Date 14-June-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Juan C. Celedon, MD, DrPH
5. Manuscript Title Sleep duration, current asthma, and lung function in a nationwide study of U.S. adults		
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Dr. Rosser 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) Erick	2. Surname (Last Name) Forno	3. Date 14-June-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Juan C. Celedon, MD, DrPH
5. Manuscript Title Sleep duration, current asthma, and lung function in a nationwide study of U.S. adults		
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Dr. Forno has nothing to disclose.

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1. Given Name (First Name) Tao	2. Surname (Last Name) Sun	3. Date 14-June-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Juan C. Celedon, MD, DrPH
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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)

Yueh-Ying

2. Surname (Last Name)

Han

3. Date

14-June-2019

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Juan C. Celedon, MD, DrPH

5. Manuscript Title

Sleep duration, current asthma, and lung function in a nationwide study of U.S. adults

6. Manuscript Identifying Number (if you know it)

Blue-201905-1004LE

### 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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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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. Han has nothing to disclose.

### 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) Wei	2. Surname (Last Name) Chen	3. Date 14-June-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Juan C. Celedon, MD, DrPH
5. Manuscript Title Sleep duration, current asthma, and lung function in a nationwide study of U.S. adults		
6. Manuscript Identifying Number (if you know it) Blue-201905-1004LE		

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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

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 5. Relationships not covered 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. Chen has nothing to disclose.

### 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)  
Sanjay

2. Surname (Last Name)  
Patel

3. Date  
14-June-2019

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Juan C. Celedon, MD, DrPH

5. Manuscript Title  
Sleep duration, current asthma, and lung function in a nationwide study of U.S. adults

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
Bayer Pharmaceuticals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Philips Respironics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
American Academy of Sleep Medicine	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Patel reports grants from Bayer Pharmaceuticals and Philips Respironics, as well as personal fees from the American Academy of Sleep Medicine, outside the submitted work.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Ge	2. Surname (Last Name) Yang	3. Date 14-June-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Juan C. Celedon, MD, DrPH
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Dr. Yang has nothing to disclose.

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