

## 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) Lennard	2. Surname (Last Name) Lee	3. Date 17-April-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr C. Turnbull
5. Manuscript Title Transcriptomics Identify a Unique Intermittent Hypoxia Mediated Profile in Obstructive Sleep Apnea		
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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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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Dr. Lee 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) Nayia	2. Surname (Last Name) Petousi	3. Date 16-April-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr C. Turnbull
5. Manuscript Title Transcriptomics Identify a Unique Intermittent Hypoxia Mediated Profile in Obstructive Sleep Apnea		
6. Manuscript Identifying Number (if you know it)		

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### Section 1. Identifying Information

1. Given Name (First Name) DUSHENDORGE      2. Surname (Last Name) SEN      3. Date 01/04/2019
4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Dr C. Turnbull
5. Manuscript Title  
Transcriptomics Identify a Unique Intermittent Hypoxia Mediated Profile in Obstructive 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)  
John

2. Surname (Last Name)  
Stradling

3. Date  
31-March-2019

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Dr C. Turnbull

5. Manuscript Title  
Transcriptomics Identify a Unique Intermittent Hypoxia Mediated Profile in Obstructive Sleep Apnea

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Dr. Stradling has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)

Thomas

2. Surname (Last Name)

Starkey

3. Date

01-April-2019

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Dr C. Turnbull

5. Manuscript Title

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Mr. Starkey has nothing to disclose.

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**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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**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) Chris      2. Surname (Last Name) Turnbull      3. Date 17-April-2019

4. Are you the corresponding author?     Yes     No

5. Manuscript Title  
Transcriptomics Identify a Unique Intermittent Hypoxia Mediated Profile in Obstructive 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**.

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Bayer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have received consulting fees from Bayer.
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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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### 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. Turnbull reports personal fees from Bayer, outside the submitted work; .

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