

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.

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Other: Anything not covered under the previous three boxes

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Neomi	2. Surname (Last Name) Shah	3. Date 30-July-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Najib Ayas
5. Manuscript Title Could Adjunctive Pharmacology Mitigate Cardiovascular Consequences of OSA?		
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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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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Dr. Shah has nothing to disclose.

Evaluation and Feedback

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1. Given Name (First Name) Glen	2. Surname (Last Name) Foster	3. Date 30-July-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Najib Ayas
5. Manuscript Title Could Adjunctive Pharmacology Mitigate Cardiovascular Consequences of OSA?		
6. Manuscript Identifying Number (if you know it) Blue-201811-2097PP.R2		

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Dr. Foster has nothing to disclose.

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Section 1. Identifying Information

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

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

5. Manuscript Title
Could Adjunctive Pharmacology Mitigate Cardiovascular Consequences of Obstructive Sleep Apnea? _____

6. Manuscript Identifying Number (if you know it)

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Dr. Laher has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
najib

2. Surname (Last Name)
ayas

3. Date
30-July-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
2097PP.R2 - Could Adjunctive Pharmacology Mitigate Cardiovascular Consequences of OSA?

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name) _____
John

2. Surname (Last Name) _____
Floras

3. Date _____
30-July-2019

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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
Canadian Institutes of Health Research	<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"/>	

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Dr. Floras is Vice Chair of ADVENT-HF, a multi-centre clinical trial of adaptive servo-ventilation for the treatment of sleep apnoea in heart failure that is funded jointly by grants to an institution with which he is affiliated from the Canadian Institutes of Health Research and Philips Respironics and by an unrestricted gift to that institution by Philips Respironics.

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