

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.

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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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Pending: The patent has been filed but not issued

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

1

Zinchuk



Section 1.	Identifying Inform	nation		
Given Name (First Name) Andrey		2. Surname (Last Name) Zinchuk		3. Date 28-January-2020
4. Are you the cor	responding author?	✓ Yes No		
5. Manuscript Title Physiologic Trait		ostructive Sleep Apnea Treat	ment in Patients with Stro	oke
6. Manuscript Ider Blue-201911-220	ntifying Number (if you kr)3LE	now it)		
	1			
Section 2.	The Work Under Co	onsideration for Publica	tion	
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, data	–	mmercial, private foundation, etc.) for esign, manuscript preparation,
Section 3.	Relevant financial	activities outside the su	bmitted work.	
of compensation clicking the "Add Are there any rel) with entities as descri	ibed in the instructions. Use port relationships that were	one line for each entity; a	lationships (regardless of amount add as many lines as you need by nonths prior to publication.
Section 4.	Intellectual Proper	rty Patents & Copyrigh	nts	
Do you have any	patents, whether plan	ned, pending or issued, bro	adly relevant to the work?	? ☐ Yes ✓ No

Zinchuk 2



Section 5.			
Section 5.	Relationships not covered above		
	relationships 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):		
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest		
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.			
Section 6.	Disclosure Statement		
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box		
Dr. Zinchuk has	nothing to disclose.		

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Zinchuk 3



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Chu 1



Section 1. Identifying Inform	nation			
1. Given Name (First Name) Jen-hwa	2. Surname (Last Name) Chu	3. Date 15-January-2020		
4. Are you the corresponding author? Yes ✓ No		Corresponding Author's Name Andrey Zinchuk		
5. Manuscript Title Physiologic Traits and Adherence to Ob	ostructive Sleep Apnea Tre	atment in Patients with Stroke		
6. Manuscript Identifying Number (if you kr Blue-201911-2203LE	now it)			
Section 2. The Work Under C	onsideration for Public	cation		
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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Chu 2



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Liang 1



Section 1. Ide	ntifying Informat	ion		
Given Name (First Nat Jiasheng		2. Surname (Last Name) Liang		3. Date 21-January-2020
4. Are you the correspon	nding author?	Yes ✓ No	Corresponding Author's Nar	ne
5. Manuscript Title Physiologic Traits and	Adherence to Obstr	uctive Sleep Apnea Tre	eatment in Patients with Stro	oke
6. Manuscript Identifyin Blue-201911-2203LE	g Number (if you know	<i>i</i> it)	_	
Section 2. The	Work Under Con	sideration for Publi	cation	
	tted work (including bu	ut not limited to grants, da	a a third party (government, cor ata monitoring board, study de:	mmercial, private foundation, etc.) for sign, manuscript preparation,
Section 3. Rel	evant financial act	tivities outside the	submitted work.	
of compensation) with	n entities as describe ox. You should repor	d in the instructions. U t relationships that we	se one line for each entity; a	ationships (regardless of amount dd as many lines as you need by nonths prior to publication.
Section 4. Inte	ellectual Property	Patents & Copyri	ghts	
Do you have any pate	nts, whether planned	d, pending or issued, b	roadly relevant to the work?	Yes 🗸 No

Liang 2



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Sands 1



Section 1. Identifying Inforn	nation		
identifying illion	nation		
Given Name (First Name) Scott	2. Surname (Last Name) Sands		3. Date 28-January-2020
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Autho	or's Name
5. Manuscript Title Physiologic Traits and Adherence to Ob	ostructive Sleep Apnea Tre	atment in Patients wit	th Stroke
6. Manuscript Identifying Number (if you k Blue-201911-2203LE	now it)		
		_	
Section 2. The Work Under C	onsideration for Public	cation	
Did you or your institution at any time receany aspect of the submitted work (including statistical analysis, etc.)?	g but not limited to grants, da		ent, commercial, private foundation, etc.) for udy design, manuscript preparation,
Are there any relevant conflicts of inter-	est? 🗸 Yes 🗌 No		
If yes, please fill out the appropriate inf Excess rows can be removed by pressin		ve more than one enti	ty press the "ADD" button to add a row.
Name of Institution/Company	Grant	n-Financial other?	Comments
АНА	✓		
Continue			
Section 3. Relevant financial	activities outside the	submitted work.	
Place a check in the appropriate boxes of compensation) with entities as descr clicking the "Add +" box. You should re	ibed in the instructions. Us port relationships that we	se one line for each en	ntity; add as many lines as you need by
Are there any relevant conflicts of inter			
If yes, please fill out the appropriate inf	ormation below.		
Name of Entity	Grant'	n-Financial other?	Comments
Nox Medical			
Merck			
Apnimed	✓		

Sands 2



Name of Entity	Grant? Personal Fees?	Non-Financial Support?	Other? Comments	
Prosomnus	✓			
Section 4. Intellectual Propert	y Patents & Coլ	oyrights		
Do you have any patents, whether plann	ed, pending or issue	ed, broadly relevar	nt to the work? Yes	✓ No
Section 5. Relationships not c	overed above			
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Yes, the following relationships/cond	itions/circumstance	s are present (exp	lain below):	
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Based on the above disclosures, this form below.		generate a disclos	ure statement, which will a	appear in the box
Dr. Sands reports grants from AHA, duri Merck, grants from Apnimed, grants fron	_		-	ersonal fees from

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Stepnowsky 1



Section 1.	Identifying Inform	nation		
1. Given Name (First Name) Carl		2. Surname (Last Name) Stepnowsky	3. Date 09-January-2020	
4. Are you the corresponding author?		☐ Yes ✓ No	Corresponding Author's Name Andrey V. Zinchuk	
5. Manuscript Title Physiologic Trait		ostructive Sleep Apnea Tre	atment in Patients with Stroke	
6. Manuscript Ider Blue-201911-220	ntifying Number (if you kr D3LE	now it)		
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Stepnowsky 2



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Other: Anything not covered under the previous three boxes

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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

Yaggi 1



Section 1.	Identifying Inform	ation		
1. Given Name (Fii Henry	rst Name)	2. Surname (Last Name) Yaggi	3. Da 27-Ja	te inuary-2020
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Andrey Zinchuk	
5. Manuscript Title Physiologic Trait		structive Sleep Apnea Tre	atment in Patients with Stroke	
6. Manuscript Ider Blue-201911-220	ntifying Number (if you kr 03LE	now it)		
			-	
Section 2.	The Work Under Co	onsideration for Public	ation	
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, commerc ta monitoring board, study design, m	
Section 3.	Relevant financial	activities outside the s	ubmitted work.	
of compensation clicking the "Add) with entities as descri	bed in the instructions. Use port relationships that wer	ether you have financial relationsle one line for each entity; add as e present during the 36 months	many lines as you need by
Section 4.	Intellectual Proper	ty Patents & Copyric	hts	
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work?	Yes ✓ No

Yaggi 2



Section 5.	
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):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
	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
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box

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Yaggi 3



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Bravata 1



Section 1. Identifying Inform	nation				
1. Given Name (First Name) Dawn	2. Surname (Last Name) Bravata	3. Date 10-January-2020			
4. Are you the corresponding author?	u the corresponding author? Yes No				
5. Manuscript Title Physiologic Traits and Adherence to O	bstructive Sleep Apnea Treatment in Patients with St	roke			
6. Manuscript Identifying Number (if you k Blue-201911-2203LE	now it)				
Section 2. The Work Under C	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.				
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 Prope	rty Patents & Copyrights				
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ✓ No					

Bravata 2



Section 5.	
Section 5.	Relationships not covered above
	relationships 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):
✓ No other rela	ationships/conditions/circumstances that present a potential conflict of interest
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements Irnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
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Dr. Bravata has r	nothing to disclose.

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Bravata 3



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Brandt 1



Section 1.	Identifying Inform	nation			
1. Given Name (Firs Cynthia	st Name)	2. Surname (Last Name) Brandt		3. Date 14-January-2020	
4. Are you the corre	esponding author?	☐ Yes ✓ No	Corresponding Author's Name		
5. Manuscript Title Physiologic Traits and Adherence to Obstructive Sleep Apnea Treatment in Patients with Stroke					
6. Manuscript Iden Blue-201911-2203	tifying Number (if you kn 3LE	now it)	_		
Section 2.	The Work Under Co	onsideration for Publi	cation		
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.		
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 & Copyri	ghts		
Do you have any	patents, whether plan	ned, pending or issued, b	oadly relevant to the work?	Yes 🗸 No	

Brandt 2



Section 5.	
Section 5.	Relationships not covered above
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Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
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Dr. Brandt has n	othing to disclose.

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Redeker 1



Section 1.	Identifying Inform	nation					
1. Given Name (Fii Nancy	rst Name)	2. Surname (Last Name) Redeker	3. Date 10-January-2020				
4. Are you the cor	vou the corresponding author? Yes ✓ No Corresponding Author Andrey Zinchuk		Corresponding Author's Name Andrey Zinchuk	e			
•	5. Manuscript Title Physiologic Traits and Adherence to Obstructive Sleep Apnea Treatment in Patients with Stroke						
6. Manuscript Ider Blue-201911-220	ntifying Number (if you kr 03LE	now it)					
			_				
Section 2.	The Work Under Co	onsideration for Publi	cation				
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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Section 4.	Intellectual Proper	rty Patents & Copyri	ghts				
Do you have any	•		roadly relevant to the work?	☐ Yes 🗸 No			

Redeker 2



Section 5. Relationships not sovered above
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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below.
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Section 1. Identifying Inform						
Identifying Information						
Given Name (First Name) David Andrew	2. Surname (Last Name) Wellman		3. Date 09-January-2020			
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Autho				
5. Manuscript Title Physiologic Traits and Adherence to Ol	ostructive Sleep Apnea Tre	eatment in Patients wit	th Stroke			
6. Manuscript Identifying Number (if you k Blue-201911-2203LE	now it)					
Section 2. The Work Under C	onsideration for Publi	cation				
any aspect of the submitted work (including statistical analysis, etc.)?	g but not limited to grants, da	. , .	ent, commercial, private foundation, etc.) for udy design, manuscript preparation,			
Are there any relevant conflicts of inter			TARREST TO THE STATE OF THE STA			
Excess rows can be removed by pressing	•	ve more than one enti	ty press the "ADD" button to add a row.			
Name of Institution/Company	Grant	n-Financial Other?	Comments			
NIH	✓					
Section 3. Relevant financial	activities outside the	submitted work.				
Place a check in the appropriate boxes of compensation) with entities as descr clicking the "Add +" box. You should re	ribed in the instructions. Use port relationships that we	se one line for each en	ntity; add as many lines as you need by			
Are there any relevant conflicts of inter If yes, please fill out the appropriate inf						
yes, pieuse iiii out the appropriate iiii	odion below.					
Name of Entity	Grant'	n-Financial other?	Comments			
Somnifix	✓					
Somnifix						
Cambridge Sound Management						



Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Nox		√				
Apnimed		✓		✓	Royalties, Stock	
Galvani		√				
Sanofi	✓					
Inspire						
Section 4. Intellectual Property Patents & Copyrights Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes V No						
Section 5. Polationships not						
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Dr. Wellman reports grants from NIH, during the conduct of the study; grants from Somnifix, personal fees from Somnifix, personal fees from Cambridge Sound Management, personal fees from Nox, personal fees and other from Apnimed, personal fees from Galvani, grants from Sanofi, from Inspire, outside the submitted work; .						



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