

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.

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

Azarbarzin 1



Section 1. Identifying Inform			
Identifying Inform	ation		
1. Given Name (First Name) Ali	2. Surname (Last Name) Azarbarzin		3. Date 20-January-2020
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author	r's Name
Manuscript Title Mandibular Advancement Device Treati Characterization	,	d with Polysomnograp	ohy Based Phenotypic
6. Manuscript Identifying Number (if you kn	ow it)		
		_	
Section 2. The Work Under Co	onsideration for Public	cation	
Did you or your institution at any time recei any aspect of the submitted work (including statistical analysis, etc.)?			
Are there any relevant conflicts of intere			
If yes, please fill out the appropriate info Excess rows can be removed by pressing		e more than one entit	y press the "ADD" button to add a row.
Name of Institution/Company	Grant	n-Financial Other?	Comments
American Heart Association	✓		
American Academy of Sleep Medicine	✓		
NIH			
Section 3. Relevant financial	activities outside the s	submitted work.	
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Place a check in the appropriate boxes in of compensation) with entities as descriclicking the "Add +" box. You should rep	bed in the instructions. Us	se one line for each ent	tity; add as many lines as you need by
Are there any relevant conflicts of intere	st? 🗸 Yes 🗌 No		
If yes, please fill out the appropriate info	rmation below.		
Name of Entity	Grant? Personal No	n-Financial Other?	Comments
Name of Entity		upport?	Comments
Somnifix	✓		

Azarbarzin 2



Name of Entity	Grant? Personal Fees?	Non-Financial Support?	Other?	Comments	
Apnimed					
Section 4. Intellectual Propert	y Patents & Co	pyrights			
Do you have any patents, whether plann	ed, pending or issue	ed, broadly releva	nt to the v	vork? Yes V No	
Section 5. Relationships not c	overed above				
Are there other relationships or activities potentially influencing, what you wrote i	· · · · · · · · · · · · · · · · · · ·		influenced	, or that give the appearance (of
Yes, the following relationships/cond	litions/circumstance	es are present (exp	olain belov	v):	
✓ No other relationships/conditions/circumstances that present a potential conflict of interest					
At the time of manuscript acceptance, jo On occasion, journals may ask authors to					atements.
Section 6. Disclosure Stateme	nt				
Based on the above disclosures, this form below.		generate a disclos	sure staten	nent, which will appear in the	box
Dr. Azarbarzin reports grants from Amer NIH, during the conduct of the study; gr submitted work; .					

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

Azarbarzin 3



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

Wellman 1



Identifying Information

Section 1.

ICMJE Form for Disclosure of Potential Conflicts of Interest

1. Given Name (First Name) Andrew	2. Surnan Wellman	ne (Last Nan	ne)		3. Date 20-January-2020	
4. Are you the corresponding author?	Yes	✓ No	Correspond Sara Op de	ding Author e Beeck	's Name	
5. Manuscript Title Mandibular Advancement Device Trea Characterization	atment Effica	acy is Assoc	ciated with Polys	omnograp	hy Based Phenotypic	
6. Manuscript Identifying Number (if you l	(now it)					
Section 2. The Work Under 0	Considerat	ion for P	ublication			
Did you or your institution at any time recany aspect of the submitted work (includir statistical analysis, etc.)? Are there any relevant conflicts of inte	ng but not lim		ts, data monitoring			
Section 3. Relevant financia	l activities	outside 1	the submitted	work.		
Place a check in the appropriate boxes of compensation) with entities as described clicking the "Add +" box. You should read there any relevant conflicts of inte	ribed in the eport relation rest?	instructior nships tha 'es	ns. Use one line fo	or each ent	ity; add as many lines as you	need by
Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Nox		√				
Somnifix	✓	✓				
Galvani		✓				
Apnimed		\checkmark				
Cambridge Sound Management		✓				
Bayer		✓				
Sanofi	✓					

Wellman 2



Section 4. Intellectual Property Patents & Copyrights
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✓ No other relationships/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
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Dr. Wellman reports personal fees from Nox, grants and personal fees from Somnifix, personal fees from Galvani, personal fees from Apnimed, personal fees from Cambridge Sound Management, personal fees from Bayer, grants from Sanofi, outside the submitted work; .

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Section 1. Identifying Information	ation				
1. Given Name (First Name) Johan	2. Surname (Last Name) Verbraecken	1		3. Date 20-January-2020	
4. Are you the corresponding author?	Yes 🗸 No	Correspond Sara Op de	ling Author's I e Beeck	Name	
Manuscript Title Mandibular Advancement Device Treatn Characterization	nent Efficacy is Associa	ted with Polysc	omnography	Based Phenotypic	
6. Manuscript Identifying Number (if you kno	ow it)				
Section 2. The Work Under Co	nsideration for Pub	lication			
Did you or your institution at any time receive any aspect of the submitted work (including l	ve payment or services fro	om a third party (tc.) for
statistical analysis, etc.)? Are there any relevant conflicts of interes	st? Yes Vo	1			
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Place a check in the appropriate boxes in of compensation) with entities as describ clicking the "Add +" box. You should rep	ed in the instructions.	Use one line fo	r each entity	y; add as many lines as you nee	d by
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If yes, please fill out the appropriate info	rmation below.				
Name of Entity	Grant? Personal N	lon-Financial	Other? C	omments	
,,	Fees?	Support?	Other		
SomnoMed	✓				
AirLiquide					
Vivisol					
Mediq Tefa	✓				
Medidis	✓				
OSG	✓				
Philips	✓				
ResMed	✓				



Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Bioprojet		✓				
MSD		✓				
Section 4. Intellectual Propert	y Pate	ents & Co	pyrights			
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No other relationships/conditions/cir	✓ No other relationships/conditions/circumstances that present a potential conflict of interest					
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Section 6. Disclosure Stateme	nt					
Based on the above disclosures, this form below.	n will auto	omatically	generate a disclos	sure state	ment, which will appear in the box	<
Dr. Verbraecken reports grants and pers Mediq Tefa, grants from Medidis, grants from Bioprojet, personal fees from MSD,	from OS	G, grants fr	om Philips, grants			



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Braem 1



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Given Name (First Name) Marc	2. Surname (Last N Braem	ame)	3. Date 20-Janua	ry-2020
4. Are you the corresponding author?	☐ Yes ✓ No	Correspon Sara Op d	ding Author's Name e Beeck	
5. Manuscript Title Mandibular Advancement Device Treat Characterization	tment Efficacy is Ass	sociated with Polys	omnography Based Phen	otypic
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Did you or your institution at any time rece			(government commercial n	rivate foundation etc.) for
any aspect of the submitted work (including				
statistical analysis, etc.)? Are there any relevant conflicts of inter-	est? ✓ Yes	No		
If yes, please fill out the appropriate inf		_	n one entity press the "AD	D" button to add a row.
Excess rows can be removed by pressing	-		, , , , , , , , , , , , , , , , , , ,	
Name of Institution/Company	Grant? Persona	Non-Financial Support?	Other? Comments	
Flemish Government agency for Innovation by Science and Technology	y 🗸		IWT-090864	
Section 3. Relevant financial	activities outsid	e the submitted	work.	
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Are there any relevant conflicts of inter		No		
If yes, please fill out the appropriate inf	ormation below.	_		
Name of Entity	Grant? Persona		Other? Comments	
SomnoMed	✓	✓	Advisory Board	
ResMed		✓	Advisory Board	

Braem 2



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Dr. Braem reports grants from Flemish Government agency for Innovation by Science and Technology, during the conduct of the study; grants and non-financial support from SomnoMed, non-financial support from ResMed, outside the submitted work; .

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Dieltjens 1



Section 1. Identifying Info	ormation	
1. Given Name (First Name) Marijke	2. Surname (Last Name) Dieltjens	3. Date 20-January-2020
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Sara Op de Beeck
5. Manuscript Title Mandibular Advancement Device T Characterization	reatment Efficacy is Associated	d with Polysomnography Based Phenotypic
6. Manuscript Identifying Number (if yo	ou know it)	
		_
Section 2. The Work Unde	r Consideration for Public	tation
	ding but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
,	information below. If you hav	re more than one entity press the "ADD" button to add a row.
Name of Institution/Company	Grant? Personal Nor	n-Financial Other? Comments
Postdoctoral fellowship at Research Foundation Flandres	✓	12H4520N
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of compensation) with entities as declicking the "Add +" box. You should	escribed in the instructions. Us I report relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by se present during the 36 months prior to publication.
Are there any relevant conflicts of ir	ıterest?	
Continue A		
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Do you have any patents, whether p	olanned, pending or issued, br	oadly relevant to the work? Yes V No

Dieltjens 2



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

Willemen 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi	rst Name)	2. Surname (Last Name) Willemen	3. Date 20-January-2020
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Sara Op de Beeck
5. Manuscript Title Mandibular Adva Characterization	ancement Device Treat	ment Efficacy is Associated	d with Polysomnography Based Phenotypic
6. Manuscript Ider	ntifying Number (if you kr	now it)	
Section 2.	The Work Under Co	onsideration for Public	cation
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	ubmitted work.
of compensation clicking the "Add	n) with entities as descri	bed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by se present during the 36 months prior to publication.
Section 4.	Intellectual Proper	rty Patents & Copyric	uhte
Do you have any			oadly relevant to the work? Yes V No
Do you have ally	paterito, wrietilei piali	nea, penanig or issuea, bi	oddiy icicvalit to the work:

Willemen 2



Section 5. Relationships not covered 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):
✓ No other relationships/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 above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Willemen has nothing to disclose.

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Willemen 3



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.

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earning royalties or not **Royalties:** Funds are coming in to you or your institution due to your

patent



Continue						
Section 1. Identifying Inform	ation					
Given Name (First Name) Olivier	2. Surnai Vanderv	me (Last Name) reken		3. Date 20-January-2020		
4. Are you the corresponding author?	Yes	√ No	•	Corresponding Author's Name Sara Op de Beeck		
5. Manuscript Title Mandibular Advancement Device Treatr Characterization	ment Effic	acy is Associat	ted with Polys	omnogra	phy Based Phenotypic	
6. Manuscript Identifying Number (if you kn	ow it)					
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Are there any relevant conflicts of intere f yes, please fill out the appropriate info			avo moro than	ono onti	ity pross the "ADD" button to add a re	
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lame of Institution/Company	Grant?		on-Financial Support <mark>?</mark>	Other?	Comments	
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Are there any relevant conflicts of intere		Yes No	-	-		
f yes, please fill out the appropriate info		elow.				



Name of Entity	Grant?	Personal Fees	Non-Financial Support?	Other?	Comments
Philips	√				
SomnoMed	✓				
Inspire Medical Systems				✓	
Nightbalance				✓	
GSK				✓	
Liva Nova				✓	
Section 4. Intellectual Prop	erty Pate	ents & Co _l	pyrights		
Do you have any patents, whether pla	anned, pend	ing or issue	ed, broadly releva	nt to the	work? Yes No
Section 5. Relationships no	ot covered	above			
Are there other relationships or activi potentially influencing, what you wro				nfluence	d, or that give the appearance of
Yes, the following relationships/co					
At the time of manuscript acceptance On occasion, journals may ask author					sary, update their disclosure statement elationships.
Section 6. Disclosure States	ment				
Based on the above disclosures, this f below.	orm will auto	omatically (generate a disclos	sure state	ment, which will appear in the box
Dr. Vanderveken reports grants from Clinical Fellowship Grant (Fundamen during the conduct of the study; gran from Nightbalance, other from GSK, o	teel Klinisch nts from Phili	Mandaat) f ps, grants	rom the Research	n Foundat other fro	tion - Flanders - Vlaanderen (FWO), om Inspire Medical Systems, other



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Op de Beeck



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Identifying Information							
Given Name (First Name) Sara	2. Surname (Last Name) Op de Beeck		3. Date 20-January-2020				
4. Are you the corresponding author?	✓ Yes No						
5. Manuscript Title Mandibular Advancement Device Treatment Efficacy is Associated with Polysomnography Based Phenotypic Characterization							
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The work Under Co	onsideration for Publication	n					
Did you or your institution at any time recei any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intereint If yes, please fill out the appropriate info Excess rows can be removed by pressing	but not limited to grants, data mosts: Yes No No rmation below. If you have mo	nitoring board, study o	design, manuscript preparation,				
Name of Institution/Company	Grant? Personal Non-Fin Fees? Suppo	Other• Co	omments				
Flemish government agency for Innovation by Science and Technology	V] IWT	-090864				
Section 3. Relevant financial	activities outside the subm	itted 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							
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Do you have any patents, whether plans	ned, pending or issued, broadly	relevant to the wor	k? ☐ Yes 🗸 No				

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Dr. Op de Beeck reports grants from Flemish government agency for Innovation by Science and Technology, during the conduct of the study; .

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Did you or your institution at any time received any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of interest	but not limited to gran					
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Name of Institution/Company	Grant? Personal Fees?	Non-Financial Support?	Other?	Comments		
American Heart Association Scientist Development Grant	V			15SDG25890059		
Section 3. Relevant financial a	activities outside t	the submitted	work.			
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Name of Entity	Grant? Personal Fees?	Non-Financial Support?	Other?	Comments		
Cambridge Sound Management				· ·		
Nox Medical						
Merck						



Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments			
ApniMed	✓							
Prosomnus	√							
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Intellectual Propert	y Pate	ents & Co _l	pyrights					
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