

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

Hetland 1



Section 1.	Identifying Inform	ation		
1. Given Name (Fi Arild	rst Name)	2. Surname Hetland	e (Last Name)	3. Date 24-March-2020
4. Are you the cor	responding author?	✓ Yes	No	
5. Manuscript Title Obstructive slee		sleep apnea	n: prognosis in systolic heart failure	
6. Manuscript Ider CDT-19-345	ntifying Number (if you kr	ow it)		
	ı			
Section 2.	The Work Under Co	onsideratio	on for Publication	
any aspect of the s statistical analysis,	ubmitted work (including	but not limit	or services from a third party (government, ted to grants, data monitoring board, study	
Section 3.	Relevant financial	activities o	outside the submitted work.	
of compensation clicking the "Add) with entities as descri	bed in the ir port relation	to indicate whether you have financial instructions. Use one line for each entity is ships that were present during the 36 so were were were were were were were wer	y; add as many lines as you need by
Section 4.				
Section 4.	Intellectual Proper	ty Paten	nts & Copyrights	
Do you have any	patents, whether plan	ned, pendin	g or issued, broadly relevant to the wo	rk? Yes 🗸 No

Hetland 2



Section F	
Section 5.	Relationships not covered above
	lationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
Yes, the follow	ring relationships/conditions/circumstances are present (explain below):
✓ No other relati	ionships/conditions/circumstances that present a potential conflict of interest
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Vistnes 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Maria	2. Surname (Last Name) Vistnes	3. Date 06-April-2020
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Arild Hetland
5. Manuscript Title Obstructive sleep apnea versus Central	sleep apnea: prognosis in	systolic heart failure
6. Manuscript Identifying Number (if you kr CDT-19-345	now it)	
Section 2. The Work Under Co	onsideration for Public	ation
	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) with entities as descr	ibed in the instructions. Us port relationships that wer est?	ether you have financial relationships (regardless of amount e one line for each entity; add as many lines as you need by e present during the 36 months prior to publication .
Name of Entity	Grant? Personal Nor	o-Financial Other? Comments
icense agreement with Paradigm Biopharma		Development of treatment for heart failure. Treatment is not related to the work.
Section 4. Intellectual Proper	rty Patents & Copyrig	hts
Do you have any patents, whether plan If yes, please fill out the appropriate info Excess rows can be removed by pressin	ormation below. If you hav	oadly relevant to the work? Yes No No e more than one entity press the "ADD" button to add a row.

Vistnes 2



Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments	
Uses of enzyme inhibitors	✓					Treatment for heart failure, where the treatment principle is not related to the work.	
Section 5. Relationshi	ps not cove	ered abo	ove				
Are there other relationships or potentially influencing, what yo				eive to have	influenced, or th	nat give the appearance of	
Yes, the following relationsh No other relationships/cond	•			•	•	est	
	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 S	tatement						
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Dr. Vistnes reports other from L Vistnes has a patent Uses of enz	-		_	Biopharma,	outside the sub	omitted work; In addition, Dr.	

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ert testimony, employment, or other affiliations patent **n-Financial Support:** Examples include drugs/equipment

Haugaa 1



Section 1. Identifying Infor	mation			
1. Given Name (First Name) Kristina H.	2. Surname (Last Name) Haugaa	3. Date 24-March-2020		
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Arild Hetland		
5. Manuscript Title Obstructive sleep apnea versus centra	al sleep apnea: Prognosis in	systolic heart failure		
6. Manuscript Identifying Number (if you	know it)			
Section 2. The Work Under	Consideration for Public	cation		
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Do you have any patents, whether pla	nned, pending or issued, br	roadly relevant to the work? Yes V No		

Haugaa 2



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Dr. Haugaa has nothing to disclose.

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Liland 1



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4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Arild Hetland	
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Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No	

Liland 2



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Olseng 1



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4. Are you the corresponding author?	✓ Yes No			
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Section 1.	Identifying Inform	nation	
1. Given Name (Fi Thor	rst Name)	2. Surname (Last Name) Edvardsen	3. Date 24-March-2020
4. Are you the corresponding author?		Yes 🗸 No	Corresponding Author's Name Arild Hetland
5. Manuscript Title Obstructive sleep		sleep apnea: prognosis in	systolic heart failure
6. Manuscript Ider CDT-19-345	ntifying Number (if you kr	now it)	
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