

ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

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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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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) _____ Christoph

2. Surname (Last Name) _____ Schöbel

3. Date _____ 19-May-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Telemedicine in Respiratory Sleep Medicine: COVID-19 pandemic unmask the need for a process-oriented, replicable approach for implementation in clinical routine

6. Manuscript Identifying Number (if you know it)
JTD-CUS-2020-011

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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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
Novartis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	lecture fee
ResMed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	lecture fee
Löwenstein Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	lecture fee
novamed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
JAZZ	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Berlin Chemie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	lecture fee
Bristol-Myers Squibb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	lecture fee
Astra Zeneca	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	lecture fee

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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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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. Schöbel reports grants and other from Novartis, grants and other from ResMed, other from Löwenstein Medical, grants from novamed, grants from JAZZ, other from Berlin Chemie, other from Bristol-Myers Squibb, grants and other from Astra Zeneca, outside the submitted work.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)

STefanie

2. Surname (Last Name)

Werther

3. Date

19-May-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Christoph Schöbel

5. Manuscript Title

Telemedicine in Sleep Medicine: COVID-19 pandemic unmask the need for a structured approach

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Dr. Werther has nothing to disclose.

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Helmut

2. Surname (Last Name)

Teschler

3. Date

19-May-2020

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Yes No

Corresponding Author's Name

Christoph Schöbel

5. Manuscript Title

Telemedicine in Respiratory Sleep Medicine: COVID-19 pandemic unmask the need for a process-oriented, replicable approach for implementation in clinical routine

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1. Given Name (First Name)

Christian

2. Surname (Last Name)

Taube

3. Date

19-May-2020

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Yes

No

Corresponding Author's Name

Christoph Schöbel

5. Manuscript Title

Telemedicine in Respiratory Sleep Medicine: COVID-19 pandemic unmask the need for a process-oriented, replicable approach for implementation in clinical routine

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