

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.

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Suryakuma

2. Surname (Last Name)
Narayanasamy

3. Date
20-September-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Pediatric sleep disordered breathing: a narrative review

6. Manuscript Identifying Number (if you know it)
PM 19-120

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Section 6. Disclosure Statement

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Dr. Narayanasamy has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Shantanu

2. Surname (Last Name)
Kidambi

3. Date
20-September-2019

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Suryakumar Narayanaswamy

5. Manuscript Title
Pediatric sleep disordered breathing: a narrative review

6. Manuscript Identifying Number (if you know it)
PM-19-120

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Dr. Kidambi has nothing to disclose.

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1. Given Name (First Name)
Mohamed

2. Surname (Last Name)
Mahmoud

3. Date
20-September-2019

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Suryakumar Narayanasamy

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1. Given Name (First Name) Rajeev 2. Surname (Last Name) Subramanyam 3. Date 20-September-2019

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

5. Manuscript Title
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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
Masimo Foundation, Irvine, CA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Subramanyam reports grants from Masimo Foundation, Irvine, CA, from null, outside the submitted work and serves as an unpaid editorial board member of Pediatric Medicine from Jan 2019 to Dec 2021.

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