

#### **Instructions**

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Tiron 1



Section 1.	Identifying Info	rmation					
1. Given Name (Fi Roxana	rst Name)	2. Surname (Last Name) Tiron	3. Date 22-June-2020				
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Name Redmond Shouldice				
	5. Manuscript Title Screening for Obstructive Sleep Apnea with Novel Hybrid Acoustic Smartphone App Technology						
6. Manuscript Ide JTD-20-804	ntifying Number (if you	know it)					
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Section 4.	Intellectual Prop	erty Patents & Copy	rights				
If yes, please fill o		nformation below. If you h	broadly relevant to the work?  Yes  No Nave more than one entity press the "ADD" button to add a row.				
Paten	t? Pend	ding? Issued? Licensed	Royalties? Licensee? Comments				
NO/2020/104465 - N Apparatus For Detect Disordered Breathing	tion of	<b>✓</b>					

Tiron 2



Patent?	Pending?	ssued <mark>?</mark>	Licensed?	Royalties?	Licensee?	Comments	
US 201662396616 Apparatus, System, And Method For Detecting Physiological Movement From Audio And Multimodal Signals	<b>✓</b>						
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Lyon 1



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Kilroy 1



Section 1. Identifying Inform	mation	
1. Given Name (First Name) Hannah	2. Surname (Last Name) Kilroy	3. Date 22-June-2020
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Redmond Shouldice
5. Manuscript Title Screening for Obstructive Sleep Apnea	a with Novel Hybrid Acoust	ic Smartphone App Technology
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Kilroy 2



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Osman 1



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4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Redmond Shouldice
5. Manuscript Title Screening for Obstructive Sleep Apnea	with Novel Hybrid Acousti	c Smartphone App Technology
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Osman 2



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Kelly 1



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Kelly 2



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O'Mahony 1



Section 1.	Identifying Infor	mation					
1. Given Name (Fir	rst Name)	2. Surnam O'Mahony	e (Last Name) /			3. Date 22-June-2020	
4. Are you the corr	responding author?	Yes	<b>√</b> No	Corresponding Author's Name Redmond Shouldice			
5. Manuscript Title Screening for Ob	e ostructive Sleep Apne	a with Novel	Hybrid Acoust	ic Smartpho	ne App Technolo	ogy	
6. Manuscript lder JTD-20-804	ntifying Number (if you	know it)		_			
	l						
Section 2.	The Work Under	Considerati	on for Publi	cation			
	ubmitted work (includi					mercial, private foundation gn, manuscript preparatior	
• •	evant conflicts of inte	erest? Ye	es 🗸 No				
Section 3.				1 10 1			
	Relevant financia	al 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 <b>present during the 36 months prior to publication</b> .							
_	evant conflicts of inte	·	. —	•	<b>J</b>		
Section 4.							
Deciron ii	Intellectual Prop	erty Pater	its & Copyri	ghts			
•	patents, whether pla	-	_	•		✓ Yes No	
	out the appropriate ir be removed by press			ve more thai	n one entity press	s the "ADD" button to ad	d a row.
Paten	t? Pend	ding? Issued	l? Licensed?	Royalties?	Licensee?	Comments	
JS 201662396616 Ap System, And Method Physiological Movem	For Detecting ent From Audio	<b>✓</b>					

O'Mahony 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 ncing, what you wrote in the submitted work?
Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
	nuscript 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
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	ports In addition, Dr. O'Mahony has a patent US 201662396616 Apparatus, System, And Method For ological Movement From Audio And Multimodal Signals pending.

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O'Mahony 3



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Lopes 1



Section 1. Identifying Inform	nation				
Given Name (First Name)  Cesar	2. Surname (Last Name) Lopes	3. Date 22-June-2020			
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Redmond Shouldice			
5. Manuscript Title Screening for Obstructive Sleep Apnea	with Novel Hybrid Acousti	ic Smartphone App Technology			
6. Manuscript Identifying Number (if you kr JTD-20-804	now it)	_			
Section 2. The Work Under Co	onsideration for Public	cation			
Did you or your institution <b>at any time</b> 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 s	submitted work.			
of compensation) with entities as descri	ibed 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 re present during the 36 months prior to publication.			
Section 4. Intellectual Proper	rty Patents & Copyrig	yhts			
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes Vo			

Lopes 2



Section 5. Polotionskips 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?				
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✓ No other relationships/conditions/circumstances that present a potential conflict of interest				
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Dr. Lopes has nothing to disclose.				

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Lopes 3



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Coffey 1



Section 1. Identifying Inform	nation				
1. Given Name (First Name) Sam	2. Surname (Last Name) Coffey	3. Date 22-June-2020			
4. Are you the corresponding author?	☐ Yes 🗸 No	Corresponding Author's Name Redmond Shouldice			
5. Manuscript Title Screening for Obstructive Sleep Apnea	with Novel Hybrid Acousti	ic Smartphone App Technology			
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Section 4. Intellectual Proper	rty Patents & Copyric	ghts			
Do you have any patents, whether plan					

Coffey 2



Section 5. Polationships 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?
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Dr. Coffey has nothing to disclose.

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Section 1.	Identifying Info	rmation					
1. Given Name (Fi Stephen	rst Name)	2. Surname (Last Name) McMahon	3. Date 22-June-2020				
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6. Manuscript Ider JTD-20-804	ntifying Number (if you	know it)					
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Section 4.	Intellectual Prop	erty Patents & Copyrights					
If yes, please fill o			relevant to the work?  Yes  No e than one entity press the "ADD" button to add a row.				
Paten	t? Pen	ding? Issued? Licensed? Royali	ties? Licensee? Comments				
NO/2020/104465 - N Apparatus For Detec Disordered Breathing	tion of	<b>V</b>					



Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments	
WO/2019/122412 - Apparatus, System, And Method For Health And Medical Sensing	<b>✓</b>						
WO/2019/122414 - Apparatus, System, and Method For Physiological Sensing In Vehicles	<b>✓</b>						
US 201662396616 Apparatus, System, And Method For Detecting Physiological Movement From Audio And Multimodal Signals	<b>✓</b>						
WO2019122413 - Apparatus, System, and Method for Motion Sensing	<b>✓</b>						
Section 5.							
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Dr. McMahon reports In addition, Dr. McMahon has a patent WO/2020/104465 - Methods and Apparatus For Detection of Disordered Breathing pending, a patent WO/2019/122412 - Apparatus, System, And Method For Health And Medical Sensing pending, a patent WO/2019/122414 - Apparatus, System, and Method For Physiological Sensing In Vehicles pending, a patent US 201662396616 Apparatus, System, And Method For Detecting Physiological Movement From Audio And Multimodal Signals pending, and a patent WO2019122413 - Apparatus, System, and Method for Motion Sensing pending.



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patent

Wren 1



**Identifying Information** 

Section 1.

## **ICMJE Form for Disclosure of Potential Conflicts of Interest**

Given Name (First Name)     Michael	2. Surname (L Wren	ast Name)		Date 2-June-2020	
4. Are you the corresponding auth	or? Yes	<b>-</b>	nding Author's Name d Shouldice		
5. Manuscript Title Screening for Obstructive Sleep	Apnea with Novel Hyb	orid Acoustic Smartph	one App Technolog	ЭУ	
6. Manuscript Identifying Number JTD-20-804	(if you know it)				
Continue					
Section 2. The Work U	nder Consideration	for Publication			
Did you or your institution <b>at any t</b> i any aspect of the submitted work (i statistical analysis, etc.)? Are there any relevant conflicts	ncluding but not limited				i.) for
Section 3. Relevant fin	ancial activities ou	tside the submitted	l work.		
Place a check in the appropriate of compensation) with entities a clicking the "Add +" box. You sh	as described in the inst	ructions. Use one line	for each entity; add	l as many lines as you need	
Are there any relevant conflicts	of interest? Yes	✓ No			
Section 4. Intellectual	Property Patents	& Copyrights			
Do you have any patents, wheth	ner planned, pending o	or issued, broadly relev	ant to the work?	✓ Yes No	
If yes, please fill out the appropr Excess rows can be removed by			in one entity press	the "ADD" button to add a	row.
Patent?	Pending? Issued?	Licensed Royalties	Licensee?	Comments	
WO/2019/122412 - Apparatus, System, And Method For Health And Medical Sensing.	<b>✓</b>				_
WO2019122413 - Apparatus, System, and Method for Motion Sensing	<b>✓</b>				

Wren 2



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	In addition, Dr. Wren has a patent WO/2019/122412 - Apparatus, System, And Method For Health And pending, and a patent WO2019122413 - Apparatus, System, and Method for Motion Sensing pending.

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

Conway 1



Section 1. Identifying Inform	nation				
1. Given Name (First Name) Kieran	2. Surname (Last Name) Conway	3. Date 22-June-2020			
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Redmond Shouldice			
5. Manuscript Title Screening for Obstructive Sleep Apnea	with Novel Hybrid Acousti	c Smartphone App Technology			
6. Manuscript Identifying Number (if you kr JTD-20-804	now it)	_			
Section 2. The Work Under C	onsideration for Public	ation			
Did you or your institution <b>at any time</b> 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  Vo					
Section 3. Relevant financial	activities outside the s	ubmitted 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 <b>present during the 36 months prior to publication</b> .  Are there any relevant conflicts of interest? Yes Vo					
Section 4. Intellectual Proper	rty Patents & Copyric	yhts			
Do you have any patents, whether plan					

Conway 2



Section 5. Polotionships not solvered above
Relationships not covered above
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Yes, the following relationships/conditions/circumstances are present (explain below):
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Section 6. Disclosure Statement
Disciosure statement
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#### **Evaluation and Feedback**

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patent

Fox 1



Section 1. Identifying	Information						
1. Given Name (First Name) Niall	Surname (Last Name)     Fox	3. Date 22-June-2020					
4. Are you the corresponding auth	or? Yes 🗸 No	Corresponding Author's Name Redmond Shouldice					
5. Manuscript Title Screening for Obstructive Sleep	5. Manuscript Title Screening for Obstructive Sleep Apnea with Novel Hybrid Acoustic Smartphone App Technology						
6. Manuscript Identifying Number JTD-20-804	(if you know it)						
Section 2. The Work U	nder Consideration for Pub	lication					
	including but not limited to grants,	om a third party (government, commercial, private foundation, etc.) fo data monitoring board, study design, manuscript preparation,	or				
Section 3. Relevant fir	nancial activities outside the	e submitted work.					
of compensation) with entities clicking the "Add +" box. You sh Are there any relevant conflicts	as described in the instructions. I nould report relationships that w	whether you have financial relationships (regardless of amount Use one line for each entity; add as many lines as you need by were <b>present during the 36 months prior to publication</b> .					
Section 4. Intellectual	Property Patents & Copyr	rights					
, , , , , , , , , , , , , , , , , , , ,		broadly relevant to the work?	٧.				
Patent?	Pending? Issued? Licensed	Royalties? Licensee? Comments					
US 201662396616 Apparatus, System, And Method For Detecting Physiological Movement From Audio And Multimodal Signals							

Fox 2



Coetion F	
Section 5.	Relationships not covered above
	elationships 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	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
	nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements nals 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
	n addition, Dr. Fox has a patent US 201662396616 Apparatus, System, And Method For Detecting evement From Audio And Multimodal Signals pending.

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Costello 1



Section 1.	Identifying Inform	nation						
1. Given Name (Fii John	rst Name)	2. Surname (Last Name) Costello	3. Date 22-June-2020					
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Redmond Shouldice					
	5. Manuscript Title Screening for Obstructive Sleep Apnea with Novel Hybrid Acoustic Smartphone App Technology							
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any aspect of the s statistical analysis, Are there any rel	Did you or your institution <b>at any time</b> 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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Section 4.	Intellectual Proper	rty Patents & Copyr	ights					
Do you have any			proadly relevant to the work? Yes No					

Costello 2



Section 5. Polationships not solvered phase
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Section 1.	ldentifying Ir	nformation							
1. Given Name (Fi Redmond	3. Date 22-June-2020								
4. Are you the cor	4. Are you the corresponding author? Yes No								
5. Manuscript Title Screening for Obstructive Sleep Apnea with Novel Hybrid Acoustic Smartphone App Technology									
6. Manuscript Ide JTD-20-804	ntifying Number (if	you know it)	_						
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Section 4.	Intellectual P	roperty Patents & Copyri	ghts						
If yes, please fill	out the appropria	r planned, pending or issued, bute information below. If you have ressing the "X" button.	•			d a row.			
Paten	ıt?	Pending? Issued? Licensed?	Royalties?	Licensee?	Comments				
NO/2020/104465 - N Apparatus For Detec Disordered Breathing	tion of	✓ □ □							



Patent?	Pending?	Issued?	Licensed ?	Royalties?	Licensee?	Comments	
WO/2019/122412 - Apparatus, System, And Method For Health And Medical Sensing	<b>✓</b>						
WO/2019/122414 - Apparatus, System, and Method For Physiological Sensing In Vehicles	<b>✓</b>						
US 201662396616 Apparatus, System, And Method For Detecting Physiological Movement From Audio And Multimodal Signals	<b>✓</b>						
WO2019122413 - Apparatus, System, and Method for Motion Sensing	<b>✓</b>						
Section 5. Relationshi	ns not cov	ared abo	ove				
Are there other relationships or potentially influencing, what yo	activities tha	nt readers	could perc	eive to have	influenced, or tha	at give the appearance of	
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Dr. Shouldice reports In addition, Dr. Shouldice has a patent WO/2020/104465 - Methods and Apparatus For Detection of Disordered Breathing pending, a patent WO/2019/122412 - Apparatus, System, And Method For Health And Medical Sensing pending, a patent WO/2019/122414 - Apparatus, System, and Method For Physiological Sensing In Vehicles pending, a patent US 201662396616 Apparatus, System, And Method For Detecting Physiological Movement From Audio And Multimodal Signals pending, and a patent WO2019122413 -Apparatus, System, and Method for Motion Sensing pending.



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Lederer 1



Section 1.	Identifying Inform	nation					
1. Given Name (Fir Katharina	rst Name)	2. Surname (Last Name) Lederer		3. Date 25-June-2020			
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Nam Redmond Shouldice	ne			
•	5. Manuscript Title Screening for Obstructive Sleep Apnea with Novel Hybrid Acoustic Smartphone App Technology						
6. Manuscript Ider JTD-20-804	ntifying Number (if you kr	now it)	_				
Section 2.							
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any aspect of the s statistical analysis,	Did you or your institution <b>at any time</b> 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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Do you have any			roadly relevant to the work?	Yes ✓ No			

Lederer 2



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Dr. Lederer has nothing to disclose.

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### 3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

# 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

# Relationships not covered above.

Use this section to report 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.

#### Definitions.

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

**Grant:** A grant from an entity, generally [but not always] paid to your organization

**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued **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

Fietze 1



Section 1. Identifying Inform	nation					
1. Given Name (First Name) Ingo	2. Surname (Last Name) Fietze	3. Date 24-June-2020				
4. Are you the corresponding author?						
5. Manuscript Title Screening for Obstructive Sleep Apnea	with Novel Hybrid Acoust	ic Smartphone App Technology				
6. Manuscript Identifying Number (if you kn	now it)	_				
Continu 2						
Section 2. The Work Under Co	onsideration for Publi	cation				
	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,				
Section 3. Relevant financial	activities outside the	submitted work.				
of compensation) with entities as descri	ibed in the instructions. Upper trelationships that we lest? Yes No	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.				
Name of Entity	Grant	on-Financial Other? Comments				
Löwenstein	<b>✓</b>					
Philips	<b>✓</b>					
ResMed		Lecture				
Section 4. Intellectual Proper	ty Patents & Copyri	ghts				
Do you have any patents, whether plant	ned, pending or issued, bı	roadly relevant to the work? Yes V No				

Fietze 2



Cartion F	
Section 5.	Relationships not covered above
	elationships 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	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
Dr. Fietze report	s grants from Löwenstein, grants from Philips, personal fees from ResMed, outside the submitted work; .

### **Evaluation and Feedback**

Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.

Fietze 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.

## 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.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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**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



**Identifying Information** 

Section 1.

# **ICMJE Form for Disclosure of Potential Conflicts of Interest**

1. Given Name (First Name) Thomas	2. Surname (Last Na Penzel	me)	3. Date 24-June-2020				
4. Are you the corresponding author?	Yes ✓ No	· ·	Corresponding Author's Name Redmond Shouldice				
5. Manuscript Title Screening for Obstructive Sleep Apne	a with Novel Hybrid A	coustic Smartphon	ne App Technology				
6. Manuscript Identifying Number (if you JTD-20-804	know it)						
Section 2. The Work Under	Consideration for F	Publication					
any aspect of the submitted work (including statistical analysis, etc.)?  Are there any relevant conflicts of interesting the state of the submitted work (including statistical analysis).	erest? Yes	nts, data monitoring	government, commercial, private foundation, etc.) fo board, study design, manuscript preparation,				
If yes, please fill out the appropriate in Excess rows can be removed by pressi		ou have more than	one entity press the "ADD" button to add a row				
Name of Institution/Company	Grant? Personal Fees?	Non-Financial Support?	Other? Comments				
Resmed	<b>✓</b>		unrestricted institutional grant				
Section 3. Relevant financia	al activities outside	the submitted v	vork.				
of compensation) with entities as desc	cribed in the instructio	ons. Use one line for	ve financial relationships (regardless of amount r each entity; add as many lines as you need by uring the 36 months prior to publication.				
Are there any relevant conflicts of inte	erest? 🗸 Yes	No					
If yes, please fill out the appropriate in	formation below.						
•	Grant? Personal	Non-Financial Support?	Other? Comments				
If yes, please fill out the appropriate in	Grant? Personal	_	Other? Comments				
If yes, please fill out the appropriate in	Grant? Personal	_	Other? Comments				



Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Jazz Pharma		<b>✓</b>			speaker fee	
Heel Pharma		$\checkmark$			speaker fee	
ltamar Medical	<b>✓</b>					
Bayer Healthcare				<b>√</b>	Consultation fee	
Section 4. Intellectual Propert	y Pate	ents & Cop	pyrights			
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo						
Section 5. Relationships not c	overed	above				
Are there other relationships or activities potentially influencing, what you wrote i				influence	d, or that give the appearance of	
✓ Yes, the following relationships/cond	litions/cir	cumstance	s are present (exp	olain belo	w):	
No other relationships/conditions/cir	cumstan	ces that pre	esent a potential o	conflict of	finterest	
Shareholder with Advanced Sleep Resea	rch Gmbl	H, Somnico	GmbH, and The S	Siestagro	up GmbH	

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. Penzel reports grants from Resmed, during the conduct of the study; grants from Resmed, grants and personal fees from Philips, grants and personal fees from Löwenstein Medical, personal fees from Jazz Pharma, personal fees from Heel Pharma, grants from Itamar Medical, other from Bayer Healthcare, outside the submitted work; and Shareholder with Advanced Sleep Research GmbH, Somnico GmbH, and The Siestagroup GmbH

#### **Evaluation and Feedback**

Please visit <a href="http://www.icmje.org/cgi-bin/feedback">http://www.icmje.org/cgi-bin/feedback</a> to provide feedback on your experience with completing this form.