

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.

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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)

Sarah

2. Surname (Last Name)

Dietz-Terjung

3. Date

28-September-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Association between habitual physical activity (HPA) and sleep quality in patients with cystic fibrosis

6. Manuscript Identifying Number (if you know it)

JTD-CUS-2020-010-AB

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Sarah Dietz-Terjung has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Wolfgang	2. Surname (Last Name) Gruber	3. Date 29-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sarah Dietz-Terjung
5. Manuscript Title Association between habitual physical activity (HPA) and sleep quality in patients with cystic fibrosis		
6. Manuscript Identifying Number (if you know it) JTD-CUS-2020-010-AB		

Section 2. The Work Under Consideration for Publication

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Matthias Welsner has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Sutharsan

2. Surname (Last Name)

Sivagurunathan

3. Date

30-September-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Sarah Dietz-Terjung

5. Manuscript Title

Association between habitual physical activity (HPA) and sleep quality in patients with cystic fibrosis

6. Manuscript Identifying Number (if you know it)

JTD-CUS-2020-010-AB

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Sivagurunathan Suthrsan has nothing to disclose.

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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 28-September-2020

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

5. Manuscript Title
Association between habitual physical activity (HPA) and sleep quality in patients with cystic fibrosis

6. Manuscript Identifying Number (if you know it)
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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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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; .

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1. Given Name (First Name) Christian	2. Surname (Last Name) Taube	3. Date 28-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sarah Dietz-Terjung
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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)

Margarete

2. Surname (Last Name)

Olivier

3. Date

30-September-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Sarah Dietz-Terjung

5. Manuscript Title

Association between habitual physical activity (HPA) and sleep quality in patients with cystic fibrosis

6. Manuscript Identifying Number (if you know it)

JTD-CUS-2020-010-AB

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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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Margarete Olivier has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)

Uwe

2. Surname (Last Name)

Mellies

3. Date

29-September-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Sarah Dietz-Terjung

5. Manuscript Title

Association between habitual physical activity (HPA) and sleep quality in patients with cystic fibrosis

6. Manuscript Identifying Number (if you know it)

JTD-CUS-2020-010-AB

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Matthias Welsner has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Cordula

2. Surname (Last Name)

Koerner-Rettberg

3. Date

30-September-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Sarah Dietz-Terjung

5. Manuscript Title

Association between habitual physical activity (HPA) and sleep quality in patients with cystic fibrosis

6. Manuscript Identifying Number (if you know it)

JTD-CUS-2020-010-AB

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Yes

No

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Yes

No

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Cordula Koerner-Rettberg has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Stefanie	2. Surname (Last Name) Dillenhöfer	3. Date 28-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Sarah Dietz-Terjung
5. Manuscript Title Association between habitual physical activity (HPA) and sleep quality in patients with cystic fibrosis		
6. Manuscript Identifying Number (if you know it) JTD-CUS-2020-010-AB		

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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Dr. Dillenhöfer has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Florian

2. Surname (Last Name)

Stehling

3. Date

28-September-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Sarah Dietz-Terjung

5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

JTD-CUS-2020-010-AB

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Florian Stehling has nothing to disclose.

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Matthias

2. Surname (Last Name)

Welsner

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28-September-2020

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Yes No

Corresponding Author's Name

Sarah Dietz-Terjung

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Did you or your institution **at any time** 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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Matthias Welsner has nothing to disclose.

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