Your Name:	Lijuan Song
Manuscript Title	e: Education could be a protective factor against sleep apnoea: Mendelian Randomization Study
Manuscript num	nber (if known):JTD-21-945
In the interest o	f transparency, we ask you to disclose all relationships/activities/interests listed below that are

parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a

relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastNone	36 months
3	Royalties or licenses	None	
4	Consulting fees	None	

	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
40	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the fol	lowing box:

I have no conflicts of interest to declare.

	ICIVIJE DISCLOSURE FORIVI 2
Dat	:2021-10-3
	Name:Hao Li
Ma	uscript Title: Education could be a protective factor against sleep apnoea: Mendelian Randomization Study
Ma	uscript number (if known):JTD-21-945
rela par to t	e interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are ed to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third es whose interests may be affected by the content of the manuscript. Disclosure represents a commitment ansparency and does not necessarily indicate a bias. If you are in doubt about whether to list a ionship/activity/interest, it is preferable that you do so.
	following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> uscript only.
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	em #1 below, report all support for the work reported in this manuscript without time limit. For all other items, ime frame for disclosure is the past 36 months.
	Name all entities with Specifications/Comments
	whom you have this (e.g., if payments were made to you or to your

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None None	planning of the work
2	Grants or contracts from any entity (if not indicated	Time frame: pastNone	36 months
3	in item #1 above). Royalties or licenses	None	
4	Consulting fees	None	

	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
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7	Support for attending meetings and/or travel	None	
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9	Participation on a Data	None	
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40	Advisory Board		
10	Leadership or fiduciary role	None	
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	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the fol	lowing box:

I have no conflicts of interest to declare.

ICM IF DISCLOSURE FORM 3

ICMJE DISCLOSURE FORM 3		
Date:2021-10-3		
Your Name:Jia Wa	ang	
		r against sleep apnoea: Mendelian Randomization Study
Manuscript number (if ki	nown):JTD-21-945	
related to the content of parties whose interests r to transparency and does relationship/activity/interests.	your manuscript. "Related" me nay be affected by the content s not necessarily indicate a bias erest, it is preferable that you d	
The following questions a manuscript only.	apply to the author's relationsh	nips/activities/interests as they relate to the <u>current</u>
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· · · · · · · · · · · · · · · · · · ·	all support for the work report sure is the past 36 months.	ed in this manuscript without time limit. For all other items
	Name all entities with	Specifications/Comments
	whom you have this relationship or indicate none (add rows as	(e.g., if payments were made to you or to your institution)

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7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
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9	Participation on a Data	None	
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10	Leadership or fiduciary role	None	
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13	Other financial or non-	None	
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Date: 2021-10-3					
Your Name:					
•		•	against sleep apnoe	a: Mendelian Random	ization Study
Manuscript numb	er (if known):	JTD-21-945			
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	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		
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Date: 2021-10-3	;				
Your Name:					
Manuscript Title:	Education could b	e a protective factor a	against sleep apnoea:	Mendelian Randomization	Study
Manuscript numb	er (if known):	JTD-21-945			
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parties whose int	erests may be affe	cted by the content o	f the manuscript. Disc	losure represents a commit	ment
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12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the fol	lowing box:

I have no conflicts of interest to declare.

Date:2021-10)-3	_
Your Name:	Tianhao Liang	_
Manuscript Title	e: Education could be a protective factor against sleep apnoea: Mendelian Randomization Stu	dy
Manuscript num	mber (if known):JTD-21-945	
	of transparency, we ask you to disclose all relationships/activities/interests listed below that a ontent of your manuscript. "Related" means any relation with for-profit or not-for-profit third	
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	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the fol	lowing box:

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		ICIVIJE DISC	LUSURE FURIVI /	
Date: 2	021-10-3			
Your Nar	ne:Yiyan Wan	g		
			r against sleep apnoea: Mendelian Randomization Study	
Manuscr	ipt number (if known):JTD-21-945		
	-	•	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third	
	•		of the manuscript. Disclosure represents a commitment	
-	•		. If you are in doubt about whether to list a	
-	relationship/activity/interest, it is preferable that you do so.			
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	· •	pport for the work reportors is the past 36 months.	ed in this manuscript without time limit. For all other ite	ems,
		Name all entities with	Specifications/Comments	
		whom you have this	(e.g., if payments were made to you or to your	

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Ple	ease summarize the above c	onflict of interest in the fol	lowing box:

I have no conflicts of interest to declare.

Data: 2024 40 2
Date:2021-10-3
Manuscript Title: Education could be a protective factor against sleep apnoea: Mendelian Randomization Study Manuscript number (if known): JTD-21-945
In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.
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manuscript only.

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7	Support for attending meetings and/or travel	None	
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9	Participation on a Data	None	
	Safety Monitoring Board or		
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12	Receipt of equipment,	None	
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	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the fol	lowing box:

I have no conflicts of interest to declare.

	Xiaofen Wang
	ducation could be a protective factor against sleep apnoea: Mendelian Randomization Study
Manuscript numbe	r (if known):JTD-21-945
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7	Support for attending meetings and/or travel	None	
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13	Other financial or non-	None	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the fol	lowing box:

I have no conflicts of interest to declare.

Dat	te:2021-10-3		
	ır Name:Xiaoxuan K	uang	
	nuscript Title: Education con nuscript number (if known)	-	r against sleep apnoea: Mendelian Randomization Study
rela par to t	ated to the content of your ties whose interests may be	manuscript. "Related" me e affected by the content necessarily indicate a bias	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment . If you are in doubt about whether to list a o so.
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L	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
1	Consulting fees	None	

5	Payment or honoraria for lectures, presentations,	None	
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Da	te:2021-10-3		
Yo	ur Name:Mei Ren		
Ma	anuscript Title: Education co	ould be a protective factor	against sleep apnoea: Mendelian Randomization Study
Ma	anuscript number (if known)):JTD-21-945	
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υa	nte:2021-10-3			
Yo	ur Name:Jinfeng Ye_			
M	anuscript Title: Education co	ould be a protective factor	against sleep apnoea: Mendelian Randomization Study	
M	anuscript number (if known)):JTD-21-945		
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CH	e time frame for disclosure i	Name all entities with whom you have this relationship or indicate none (add rows as	(e.g., if payments were made to you or to your institution)	
	All support for the present	Name all entities with whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)	
	All support for the present manuscript (e.g., funding,	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you or to your institution)	
	All support for the present manuscript (e.g., funding, provision of study materials,	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you or to your institution)	
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you or to your institution)	
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	(e.g., if payments were made to you or to your institution)	
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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia None	(e.g., if payments were made to you or to your institution) I planning of the work	
11	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia None	(e.g., if payments were made to you or to your institution) I planning of the work	
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5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
40	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the fol	lowing box:

I have no conflicts of interest to declare.

υa	te:2021-10-3			
	ur Name:Yaqian Tan	~		
			r against sleep apnoea: Mendelian Randomization Study	
Ma	anuscript number (if known):JTD-21-945		
In	the interest of transparency	, we ask you to disclose a	III relationships/activities/interests listed below that are	
		·	eans any relation with for-profit or not-for-profit third	
		-	of the manuscript. Disclosure represents a commitment	
to	transparency and does not	necessarily indicate a bias	s. If you are in doubt about whether to list a	
rel	ationship/activity/interest,	it is preferable that you d	lo so.	
		to the author's relationsh	nips/activities/interests as they relate to the <u>current</u>	
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Th	e author's relationships/act	ivities/interests should be	e <u>defined broadly</u> . For example, if your manuscript perta	ins
	• -	-	e all relationships with manufacturers of antihypertensive	
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In	item #1 below, report all su	pport for the work report	ed in this manuscript without time limit. For all other ite	ems,
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		Name all entities with	Specifications/Comments	
		whom you have this	(e.g., if payments were made to you or to your	
		relationship or indicate	institution)	
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	All support for the present	None None	al planning of the work	
	manuscript (e.g., funding,	None		
	provision of study materials,			
	medical writing, article			
	processing charges, etc.)			
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		Time frame: pas	st 36 months	
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Consulting fees

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5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
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9	Participation on a Data	None	
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40	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		
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Dat	te:2021-10-3			
	ır Name:Ketong Ji			
	Manuscript Title: Education could be a protective factor against sleep apnoea: Mendelian Randomization Study Manuscript number (if known):JTD-21-945			
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	e following questions apply nuscript only.	to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>	
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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
		Time frame: Since the initia	al planning of the work	
L	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None		
		Time frame: pas	t 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	None		
3	Royalties or licenses	None		
1	Consulting fees	None		

5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
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	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the fol	lowing box:

I have no conflicts of interest to declare.

Date:2021-10-3	
Your Name: Wenjing Liao	
Manuscript Title: Education could be Manuscript number (if known):	e a protective factor against sleep apnoea: Mendelian Randomization Study
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related to the content of your manu	ask you to disclose all relationships/activities/interests listed below that are iscript. "Related" means any relation with for-profit or not-for-profit third cted by the content of the manuscript. Disclosure represents a commitment
to transparency and does not neces	sarily indicate a bias. If you are in doubt about whether to list a

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	pranning of the work
3	Grants or contracts from any entity (if not indicated in item #1 above). Royalties or licenses	None None None	36 months
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
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10	Leadership or fiduciary role	None	
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	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	None	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the fol	lowing box:

I have no conflicts of interest to declare.

Da	te:2021-10-3		
Yo	ur Name:Xiaowen Zh	nang	
			r against sleep apnoea: Mendelian Randomization Study
rel pa to	ated to the content of your rties whose interests may be	manuscript. "Related" me e affected by the content necessarily indicate a bias	all relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment s. If you are in doubt about whether to list a lo so.
	e following questions apply inuscript only.	to the author's relationsh	nips/activities/interests as they relate to the current
to me	the epidemiology of hyperto edication, even if that medic	ension, you should declar ation is not mentioned in pport for the work report	e <u>defined broadly</u> . For example, if your manuscript pertains to all relationships with manufacturers of antihypertensive the manuscript. The manuscript without time limit. For all other items
		Name all entities with whom you have this	Specifications/Comments (e.g., if payments were made to you or to your
		relationship or indicate none (add rows as needed)	institution)
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Ĺ	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
	No time limit for this item.		
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2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
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Consulting fees

None

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