

ICMJE DISCLOSURE FORM 1

Date: 2021-10-3

Your Name: Lijuan Song

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.

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

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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 initial 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	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

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

Please summarize the above conflict of interest in the following box:

<p>I have no conflicts of interest to declare.</p>

Please place an "X" next to the following statement to indicate your agreement:

 X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM 2

Date: 2021-10-3

Your Name: Hao Li

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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3	Royalties or licenses	None	
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ICMJE DISCLOSURE FORM 3

Date: 2021-10-3

Your Name: Jia Wang

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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ICMJE DISCLOSURE FORM 4

Date: 2021-10-3

Your Name: Junyang Xie

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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ICMJE DISCLOSURE FORM 5

Date: 2021-10-3

Your Name: Gui Chen

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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ICMJE DISCLOSURE FORM 6

Date: 2021-10-3

Your Name: Tianhao Liang

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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ICMJE DISCLOSURE FORM 7

Date: 2021-10-3

Your Name: Yiyan Wang

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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6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
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ICMJE DISCLOSURE FORM 8

Date: 2021-10-3

Your Name: Liyao Ye

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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ICMJE DISCLOSURE FORM 9

Date: 2021-10-3

Your Name: Xiaofen Wang

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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ICMJE DISCLOSURE FORM 10

Date: 2021-10-3
 Your Name: Xiaoxuan Kuang
 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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ICMJE DISCLOSURE FORM 11

Date: 2021-10-3

Your Name: Mei Ren

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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ICMJE DISCLOSURE FORM 12

Date: 2021-10-3

Your Name: Jinfeng Ye

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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Please place an "X" next to the following statement to indicate your agreement:

 X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM 13

Date: 2021-10-3

Your Name: Yaqian Tang

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.

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

The author's relationships/activities/interests should be defined broadly. 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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		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 initial 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	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

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

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ICMJE DISCLOSURE FORM 14

Date: 2021-10-3

Your 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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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

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

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ICMJE DISCLOSURE FORM 15

Date: 2021-10-3

Your Name: Wenjing Liao

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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Time frame: past 36 months			
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3	Royalties or licenses	None	
4	Consulting fees	None	

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

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ICMJE DISCLOSURE FORM 16

Date: 2021-10-3

Your Name: Xiaowen Zhang

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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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
8	Patents planned, issued or pending	___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
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