Date:	10/26/2022	
Your Name:	Alain Palot	
Manuscript Title:	Effect of switching from continuous to bilevel positive airway pressure on sleep quality in patients with obstructive sleep apnea: the prospective POP IN VAuto study	
Manuscript Number (if known):	JTD-22-825-CL	

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		Time frame: past 36 months	S
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4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	□ □	
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	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	None	
Plea [⊠]		to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date	e:		10/26/2022	
You	r Name:		Xuan-Lan Nguyen	
Manuscript Title:			Effect of switching from continuous to bilevel positive airway pressure on sleep quality in patients with obstructive sleep apnea: the prospective POP IN VAuto study	
Mar	nuscript Number (if k	known):	JTD-22-825-CL	
In the interest of transparency, we content of your manuscript. "Relat affected by the content of the man indicate a bias. If you are in doubt The author's relationships/activitie epidemiology of hypertension, you that medication is not mentioned in		ript. "Rela of the mar e in doubt os/activitie nsion, you entioned all suppor	nted" means any relation with for-profit or no nuscript. Disclosure represents a commitmer about whether to list a relationship/activity, es/interests should be defined broadly. For e u should declare all relationships with manufa in the manuscript.	/interest, it is preferable that you do so.
			entities with whom you have this hip 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 o	of the work
	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.			Click the tab key to add additional rows.
			Time frame: past 36 months	3
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ No	one	
3	Royalties or licenses	⊠ No	one	

		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)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	□ □	
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	

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11	Stock or stock options	Image: square of the property o	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	None	
Plea [⊠]		to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:	11/22/2022
Your Name:	Sandrine Launois
Manuscript Title:	Effect of switching from continuous to bilevel positive airway pressure on sleep quality in patients with obstructive sleep apnea: the prospective POP IN VAuto study
Manuscript Number (if known):	JTD-22-825-CL

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		Time frame: Since the initial planning of	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.	Investigator fees from ResMed Time frame: past 36 months	Click the tab key to add additional rows.
2	Grants or contracts from any entity (if not indicated in item #1 above).	Investigator fees from Nyxoah, Oniris, Orthosom, Isis Medical, Asten	
3	Royalties or licenses	None None	

		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)
4	Consulting fees	Consulting fees from Nyxoah, Bioprojet	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Speaker fees from Les ateliers d'arcachon, Cidelec, Philips, ResMed, Bioprojet, Jazz pharmaceutical	
6	Payment for expert testimony	[⊠] None	
7	Support for attending meetings and/or travel	Travel grant from Oxyvie, Vitalaire, S2A Santé, UCB Pharma, Bioprojet, Jazz pharmaceuticals	
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	

		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)
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 Employee of Bioserenity from 2019 to 2021	
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Date:	11/22/2022
Your Name:	Arnaud Prigent
Manuscript Title:	Effect of switching from continuous to bilevel positive airway pressure on sleep quality in patients with obstructive sleep apnea: the prospective POP IN VAuto study
Manuscript Number (if known):	JTD-22-825-CL

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2	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 any entity (if not indicated in item #1 above).	None Time frame: past 36 months None	Click the tab key to add additional rows.
3	Royalties or licenses	None ■	

		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)
4	Consulting fees	□ None Consulting fees from ResMed	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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	

		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)
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	
Plea	•	t to the following statement to indicate your agreeme answered every question and have not altered the wo	

Date:	11/22/2022
Your Name:	Andrea Graml
Manuscript Title:	Effect of switching from continuous to bilevel positive airway pressure on sleep quality in patients with obstructive sleep apnea: the prospective POP IN VAuto study
Manuscript Number (if known):	JTD-22-825-CL

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2	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	None Time frame: past 36 months	Click the tab key to add additional rows.
	contracts from any entity (if not indicated in item #1 above).		
3	Royalties or licenses	None None	

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4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	□ □	
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	

		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)
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 Employee of ResMed	
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	I certify that I have	answered every question and have not altered the wo	rding of any of the questions on this form.

Date:	11/22/2022
Your Name:	Elodie Aversenq
Manuscript Title:	Effect of switching from continuous to bilevel positive airway pressure on sleep quality in patients with obstructive sleep apnea: the prospective POP IN VAuto study
Manuscript Number (if known):	JTD-22-825-CL

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2	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 month	Click the tab key to add additional rows.
2	contracts from any entity (if not indicated in item #1 above).	M None	
3	Royalties or licenses	None	

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4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	□ □	
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	

		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)
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	[⊠] None	
13	Other financial or non-financial interests	None Employee of ResMed	
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	I certify that I have	answered every question and have not altered the wo	rding of any of the questions on this form.

Dat	e:		10/26/2022		
You	r Name:		Christian Koltes		
Mai	nuscript Title:		Effect of switching from continuous to bilevel positive airway pressure on sleep quality in patients with obstructive sleep apnea: the prospective POP IN VAuto study		
Mai	nuscript Number (if k	nown):	JTD-22-825-CL		
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			l entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
				made to you or to your motitation;	
			Time frame: Since the initial planning of		
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1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	r 1		of the work Click the tab key to add additional rows.	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		Time frame: Since the initial planning o	of the work Click the tab key to add additional rows.	

		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)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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	

		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)
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	
Plea [⊠]	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:			10/26/2022	
Your Name:			Didier Recart	
Manuscript Title:			Effect of switching from continuous to bilevel positive airway pressure on sleep quality in patients with obstructive sleep apnea: the prospective POP IN VAuto study	
Mar	nuscript Number (if k	(nown):	JTD-22-825-CL	
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub The author's relationships/activities		ipt. "Rela of the man e in doub os/activitions os, you	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so. es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.	
	em #1 below, report ne for disclosure is th			ithout time limit. For all other items, the time
			l entities with whom you have this ship 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			
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	funding, provision of study materials, medical writing, article processing charges, etc.)		Time frame: pact 36 month	
2	funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for		Time frame: past 36 month	

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4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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	
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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	
Plea [⊠]	Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:	11/22/2022
Your Name:	Florent Lavergne
Manuscript Title:	Effect of switching from continuous to bilevel positive airway pressure on sleep quality in patients with obstructive sleep apnea: the prospective POP IN VAuto study
Manuscript Number (if known):	JTD-22-825-CL

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3	Royalties or licenses	None None	

		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)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	□ □	
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	

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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 Employee of ResMed	
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