

ICMJE DISCLOSURE FORM

Date: 23/03/2023

Your Name: Michael Cheng

Manuscript Title: Screening of Pre-bariatric Surgical Patients with Obesity Related Sleep Disordered Breathing

Manuscript number (if known): JTD-23-112-R1

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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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

Date: 3/23/2023

Your Name: Patrick Murphy

Manuscript Title: Screening of Pre-bariatric Surgical Patients with Obesity Related Sleep Disordered Breathing

Manuscript Number (if known): JTD-23-112-R1

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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None	
		Philips Respironics	Equipment loan to institution for evaluation
		Resmed	Equipment loan to institution for evaluation
		Fisher & Paykel	Equipment loan to institution for evaluation
		Breas Medical	Equipment loan to institution for evaluation
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: 23/03/2023

Your Name: Kai Lee

Manuscript Title: Screening of Pre-bariatric Surgical Patients with Obesity Related Sleep Disordered Breathing

Manuscript number (if known): JTD-23-112-R1

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ICMJE DISCLOSURE FORM

Date: 23/03/2023

Your Name: Barbara McGowan

Manuscript Title: Screening of Pre-bariatric Surgical Patients with Obesity Related Sleep Disordered Breathing

Manuscript number (if known): JTD-23-112-R1

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Date: 23/03/2023

Your Name: Nicholas Hart

Manuscript Title: Screening of Pre-bariatric Surgical Patients with Obesity Related Sleep Disordered Breathing

Manuscript number (if known): JTD-23-112-R1

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Date: 23/03/2023

Your Name: Amanda Piper

Manuscript Title: Screening of Pre-bariatric Surgical Patients with Obesity Related Sleep Disordered Breathing

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Date: 23/03/2023

Your Name: Joerg Steier

Manuscript Title: Screening of Pre-bariatric Surgical Patients with Obesity Related Sleep Disordered Breathing

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