

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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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Other: Anything not covered under the previous three boxes

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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) Gillian

2. Surname (Last Name) Hawker

3. Date 09-December-2013

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

5. Manuscript Title Obstructive Sleep Apnea and Incident Diabetes: A historical cohort study

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

Section 2. The Work Under Consideration for Publication

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
ResMed research foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The ResMed research foundation had no role in the study design and analysis, as well as no input into the results reported.

Section 3. Relevant financial activities outside the submitted work.

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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
F.M. Hill Chair in Academic Women's Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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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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Dr. Hawker reports grants from ResMed research foundation, during the conduct of the study; non-financial support from F. M. Hill Chair in Academic Women's Medicine, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name) Andrea 2. Surname (Last Name) Gershon 3. Date 09-December-2013

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

5. Manuscript Title
Obstructive Sleep Apnea and Incident Diabetes: A historical cohort study

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Fellowship from the Physicians' Services Incorporated Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Gershon reports grants from ResMed research foundation, during the conduct of the study; grants from Fellowship from the Physicians' Services Incorporated Foundation , outside the submitted work; .

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1. Given Name (First Name) George 2. Surname (Last Name) Tomlinson 3. Date 13-December-2013

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

5. Manuscript Title
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Richard 2. Surname (Last Name) Leung 3. Date 13-December-2013

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

5. Manuscript Title
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1. Given Name (First Name) Tetyana 2. Surname (Last Name) Kendzerska 3. Date 09-December-2013

4. Are you the corresponding author? Yes No

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Canadian Institutes of Health Research (CIHR) doctoral research award	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Scholarship

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