ICMJE Form for Disclosure of Potential Conflicts of Interest

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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2. **The work under consideration for publication.**
   
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4. **Intellectual Property.**

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
Chen

2. Surname (Last Name)  
Zhao

3. Date  
18-May-2020

4. Are you the corresponding author?  
✔ Yes  No

5. Manuscript Title  
Insights into Friedman stage II and III OSA patients through drug-induced sleep endoscopy

6. Manuscript Identifying Number (if you know it)

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**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.)?  
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✔ Yes  No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Section 6. Disclosure Statement

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Dr. Zhao has nothing to disclose.

Evaluation and Feedback

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   Alonço

2. Surname (Last Name)  
   Viana Jr

3. Date  
   21-May-2020

4. Are you the corresponding author?  
   Yes ☐  No ☑

   Corresponding Author's Name  
   Chen Zhao

5. Manuscript Title  
   Insights into Friedman stage II and III OSA patients through drug-induced sleep endoscopy.

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## Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
   Yes ☐  No ☑

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## Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  
   Yes ☐  No ☑

---

## Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   Yes ☐  No ☑
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Viana Jr has nothing to disclose.

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1. Given Name (First Name)  
Yifei

2. Surname (Last Name)  
Ma

3. Date  
19-May-2020

4. Are you the corresponding author?  

   - [ ] Yes  
   - [x] No

   Corresponding Author's Name  
Chen Zhao

5. Manuscript Title  
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Dr. Ma has nothing to disclose.

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Capasso
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<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Robson</th>
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</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Capasso</td>
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<tr>
<td>3. Date</td>
<td>21-May-2020</td>
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<tr>
<td>4. Are you the corresponding author?</td>
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</tr>
<tr>
<td>Corresponding Author's Name</td>
<td>Chen Zhao</td>
</tr>
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