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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Roxana
2. Surname (Last Name) Tiron
3. Date 22-June-2020
4. Are you the corresponding author? ☑ Yes ☐ No
   Corresponding Author’s Name
   Redmond Shouldice
5. Manuscript Title
   Screening for Obstructive Sleep Apnea with Novel Hybrid Acoustic Smartphone App Technology
6. Manuscript Identifying Number (if you know it)
   JTD-20-804

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

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Excess rows can be removed by pressing the "X" button.

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**Dr. Tiron reports** In addition, Dr. Tiron has a patent WO/2020/104465 - Methods and Apparatus For Detection of Disordered Breathing pending, and a patent US 201662396616 Apparatus, System, And Method For Detecting Physiological Movement From Audio And Multimodal Signals pending.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Graeme

2. Surname (Last Name)  
   Lyon

3. Date  
   22-June-2020

4. Are you the corresponding author?  
   Yes  ✔  No

   Corresponding Author’s Name  
   Redmond Shouldice

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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1. Given Name (First Name)  
   Hannah

2. Surname (Last Name)  
   Kilroy

3. Date  
   22-June-2020

4. Are you the corresponding author?  
   Yes  ✔  No

Corresponding Author's Name  
Redmond Shouldice

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Dr. Kilroy has nothing to disclose.

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Dr. Osman has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Nicola
2. Surname (Last Name) Kelly
3. Date 22-June-2020
4. Are you the corresponding author? Yes ✔ No
5. Manuscript Title Screening for Obstructive Sleep Apnea with Novel Hybrid Acoustic Smartphone App Technology
6. Manuscript Identifying Number (if you know it) JTD-20-804

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Dr. Kelly has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Niall

2. Surname (Last Name)  
O'Mahony

3. Date  
22-June-2020

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

Corresponding Author's Name  
Redmond Shouldice

5. Manuscript Title  
Screening for Obstructive Sleep Apnea with Novel Hybrid Acoustic Smartphone App Technology

6. Manuscript Identifying Number (if you know it)  
JTD-20-804

Section 2. The Work Under Consideration for Publication

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
✔ 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.

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O'Mahony
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Dr. O’Mahony reports In addition, Dr. O’Mahony has a patent US 201662396616 Apparatus, System, And Method For Detecting Physiological Movement From Audio And Multimodal Signals pending.

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Section 1. Identifying Information

1. Given Name (First Name)  Cesar
2. Surname (Last Name)  Lopes
3. Date  22-June-2020
4. Are you the corresponding author?  Yes ☐ No ☑
   Corresponding Author’s Name  Redmond Shouldice
5. Manuscript Title  Screening for Obstructive Sleep Apnea with Novel Hybrid Acoustic Smartphone App Technology
6. Manuscript Identifying Number (if you know it)  JTD-20-804

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Dr. Lopes has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Sam

2. Surname (Last Name)  
   Coffey

3. Date  
   22-June-2020

4. Are you the corresponding author?  
   ✔ No  
   Corresponding Author’s Name  
   Redmond Shouldice

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

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<tr>
<td>Stephen</td>
<td>McMahon</td>
<td>22-June-2020</td>
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4. Are you the corresponding author?  

- [x] Yes  
- [ ] No

5. Manuscript Title  
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McMahon
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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) Michael
2. Surname (Last Name) Wren
3. Date 22-June-2020
4. Are you the corresponding author? Yes No ✔
   Corresponding Author’s Name Redmond Shouldice
5. Manuscript Title Screening for Obstructive Sleep Apnea with Novel Hybrid Acoustic Smartphone App Technology
6. Manuscript Identifying Number (if you know it) JTD-20-804

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 ✔

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the “Add +” box. You should report relationships that were present during the 36 months prior to publication. 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 ✔
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Wren
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

☐ Yes, the following relationships/conditions/circumstances are present (explain below):

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Section 6. Disclosure Statement

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Dr. Wren reports In addition, Dr. Wren has a patent WO/2019/122412 - Apparatus, System, And Method For Health And Medical Sensing. pending, and a patent WO2019122413 - Apparatus, System, and Method for Motion Sensing pending.

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)  
   Kieran  
2. Surname (Last Name)  
   Conway  
3. Date  
   22-June-2020  

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

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

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<tr>
<td>Niall</td>
<td>Fox</td>
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4. Are you the corresponding author? ☑ No

Corresponding Author's Name
Redmond Shouldice

5. Manuscript Title
Screening for Obstructive Sleep Apnea with Novel Hybrid Acoustic Smartphone App Technology

6. Manuscript Identifying Number (if you know it)
JTD-20-804

## 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? ☑ No

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<td>US 201662396616 Apparatus, System, And Method For Detecting Physiological Movement From Audio And Multimodal Signals</td>
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Dr. Fox reports In addition, Dr. Fox has a patent US 201662396616 Apparatus, System, And Method For Detecting Physiological Movement From Audio And Multimodal Signals pending.

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<tr>
<td>John</td>
<td>Costello</td>
<td>22-June-2020</td>
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</table>

4. Are you the corresponding author?  ☑ No  

Corresponding Author's Name  
Redmond Shouldice

5. Manuscript Title  
Screening for Obstructive Sleep Apnea with Novel Hybrid Acoustic Smartphone App Technology

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JTD-20-804

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Dr. Costello has nothing to disclose.

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**ICMJE Form for Disclosure of Potential Conflicts of Interest**

### Section 1. Identifying Information

1. **Given Name (First Name)**
   - Redmond

2. **Surname (Last Name)**
   - Shouldice

3. **Date**
   - 22-June-2020

4. **Are you the corresponding author?**
   - Yes ✔
   - No

5. **Manuscript Title**
   - Screening for Obstructive Sleep Apnea with Novel Hybrid Acoustic Smartphone App Technology

6. **Manuscript Identifying Number (if you know it)**
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Dr. Shouldice reports  In addition, Dr. Shouldice has a patent WO/2020/104465 - Methods and Apparatus For Detection of Disordered Breathing pending, a patent WO/2019/122412 - Apparatus, System, And Method For Health And Medical Sensing pending, a patent WO/2019/122414 - Apparatus, System, and Method For Physiological Sensing In Vehicles pending, a patent US 201662396616 Apparatus, System, And Method For Detecting Physiological Movement From Audio And Multimodal Signals pending, and a patent WO2019122413 - Apparatus, System, and Method for Motion Sensing pending.
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   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.
5. Relationships not covered above.
   Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

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- **Pending:** The patent has been filed but not issued
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- **Licensed:** The patent has been licensed to an entity, whether earning royalties or not
- **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)  
   Katharina

2. Surname (Last Name)  
   Lederer

3. Date  
   25-June-2020

4. Are you the corresponding author?  
   ✔ No

Corresponding Author's Name  
   Redmond Shouldice

5. Manuscript Title  
   Screening for Obstructive Sleep Apnea with Novel Hybrid Acoustic Smartphone App Technology

6. Manuscript Identifying Number (if you know it)  
   JTD-20-804

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?  
   ✔ No

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication.

Are there any relevant conflicts of interest?  
   ✔ No

Section 4. Intellectual Property -- Patents & Copyrights

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

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Section 6. Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Lederer has nothing to disclose.

Evaluation and Feedback
Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.
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Instructions

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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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)**  
   Ingo

2. **Surname (Last Name)**  
   Fietze

3. **Date**  
   24-June-2020

4. **Are you the corresponding author?**  
   ✔ No

   **Corresponding Author’s Name**  
   Redmond Shouldice

5. **Manuscript Title**  
   Screening for Obstructive Sleep Apnea with Novel Hybrid Acoustic Smartphone App Technology

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.)?

Are there any relevant conflicts of interest?  

- ✔ No

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

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication.

Are there any relevant conflicts of interest?  

- ✔ Yes  
- No

If yes, please fill out the appropriate information below.

<table>
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<th>Name of Entity</th>
<th>Grant?</th>
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Fietze reports grants from Löwenstein, grants from Philips, personal fees from ResMed, outside the submitted work.

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<td>Thomas</td>
<td>Penzel</td>
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<th>4. Are you the corresponding author?</th>
<th>Corresponding Author’s Name</th>
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<tr>
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<td>Redmond Shouldice</td>
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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.

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- No  

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Shareholder with Advanced Sleep Research GmbH, Somnico GmbH, and The Siestagroup GmbH

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Dr. Penzel reports grants from Resmed, during the conduct of the study; grants from Resmed, grants and personal fees from Philips, grants and personal fees from Löwenstein Medical, personal fees from Jazz Pharma, personal fees from Heel Pharma, grants from Itamar Medical, other from Bayer Healthcare, outside the submitted work; and Shareholder with Advanced Sleep Research GmbH, Somnico GmbH, and The Siestagroup GmbH.

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