ICMJE Form for Disclosure of Potential Conflicts of Interest

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<tr>
<td>Miral</td>
<td>Al-Sherif</td>
<td>28-July-2020</td>
</tr>
</tbody>
</table>

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

Corresponding Author's Name
Joerg Steier

5. Manuscript Title
Ultrasound assessment of upper airway dilator muscle contraction during transcutaneous electrical stimulation in patients with obstructive sleep apnoea

6. Manuscript Identifying Number (if you know it)

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Dr Al-Sherif has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Baiting
2. Surname (Last Name)  He
3. Date  28-July-2020
4. Are you the corresponding author?  No
5. Manuscript Title
   Ultrasound assessment of upper airway dilator muscle contraction during transcutaneous electrical stimulation in patients with obstructive sleep apnoea
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Dr He has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Esther Irene

2. Surname (Last Name)  
Schwarz

3. Date  
28-July-2020

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

Corresponding Author's Name  
Joerg Steier

5. Manuscript Title  
Ultrasound assessment of upper airway dilator muscle contraction during transcutaneous electrical stimulation in patients with obstructive sleep apnoea

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<tr>
<td>Michael</td>
<td>Cheng</td>
<td>28-July-2020</td>
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4. Are you the corresponding author? ☑ No

5. Manuscript Title
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## Section 1. Identifying Information

1. Given Name (First Name)  
   **Azza Farag**

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

3. Date  
   **28-July-2020**

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

5. Manuscript Title  
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Professor Said has nothing to disclose.

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## Section 1. Identifying Information

1. **Given Name (First Name)**
   - Nashwa Hassan

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

3. **Date**
   - 28-July-2020

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

5. **Manuscript Title**
   - Ultrasound assessment of upper airway dilator muscle contraction during transcutaneous electrical stimulation in patients with obstructive sleep apnoea

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

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

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- No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Professor AbdelWahab has nothing to disclose.

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<td>Nezar</td>
<td>Refat</td>
<td>28-July-2020</td>
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4. Are you the corresponding author? □ Yes  ✔ No

5. Manuscript Title
Ultrasound assessment of upper airway dilator muscle contraction during transcutaneous electrical stimulation in patients with obstructive sleep apnoea

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<th>Corresponding Author's Name</th>
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<td>Joerg Steier</td>
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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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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? □ Yes  ✔ No
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1. Given Name (First Name)
   Yuanming

2. Surname (Last Name)
   Luo

3. Date
   28-July-2020

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

   Corresponding Author’s Name
   Joerg Steier

5. Manuscript Title
   Ultrasound assessment of upper airway dilator muscle contraction during transcutaneous electrical stimulation in patients with obstructive sleep apnoea

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Deeban
2. Surname (Last Name) Ratneswaran
3. Date 28-July-2020
4. Are you the corresponding author? Yes ☐ No ☑

Corresponding Author's Name
Joerg Steier

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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Section 1. Identifying Information

1. Given Name (First Name) Joerg
2. Surname (Last Name) Steier
3. Date 28-July-2020
4. Are you the corresponding author? ☑ Yes ☐ No

5. Manuscript Title
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