

ICMJE DISCLOSURE FORM

Date: 13.09.2022

Your Name: Bettina Streckenbach

Manuscript Title: Severe Obstructive Sleep Apnoea Disrupts Vigilance State-Dependent Metabolism

Manuscript number (if known): x

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.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|--|--|---|
| Time frame: Since the initial planning of the work | | | |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | None | |
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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
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| 3 | Royalties or licenses | None | |
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| | | | |
| 4 | Consulting fees | None | |
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|----|--|---|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
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| | | | |
| 6 | Payment for expert testimony | None | |
| | | | |
| | | | |
| 7 | Support for attending meetings and/or travel | International Association of Breath Research (IABR) | Travel grant for the IABR Breath Summit 2019 |
| | | Swiss Chemical Society (SCS) | Travel grant as Best Poster Award (2021 Fall Meeting) |
| | | | |
| 8 | Patents planned, issued or pending | None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None | |
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| | | | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None | |
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| 11 | Stock or stock options | None | |
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| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None | |
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| | | | |
| 13 | Other financial or non-financial interests | None | |
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Please place an "X" next to the following statement to indicate your agreement:

 X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 12.09.2022

Your Name: Esther Irene Schwarz

Manuscript Title: Severe Obstructive Sleep Apnoea Disrupts Vigilance State-Dependent Metabolism

Manuscript number (if known):

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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
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| | | | |
| 3 | Royalties or licenses | None | |
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| | | | |
| 4 | Consulting fees | None | |
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|----|--|------|--|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | Yes | Novartis, Löwenstein Medical AG |
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| | | | |
| 6 | Payment for expert testimony | None | |
| | | | |
| | | | |
| 7 | Support for attending meetings and/or travel | Yes | VitalAire |
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| 8 | Patents planned, issued or pending | None | |
| | | | |
| | | | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | Yes | Centre of Competence Sleep & Health of the University of Zurich (Co-Lead) Special Interest group Ventilation of the Swiss Society of Pulmonology (Co-President) |
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| | | | |
| 11 | Stock or stock options | None | |
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| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None | |
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| | | | |
| 13 | Other financial or non-financial interests | None | |
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ICMJE DISCLOSURE FORM

Date: 12.09.2022

Your Name: Felix Schmidt

Manuscript Title: Severe Obstructive Sleep Apnoea Disrupts Vigilance State-Dependent Metabolism

Manuscript number (if known): x

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| | | | |
| | | | |
| 3 | Royalties or licenses | None | |
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| | | | |
| 4 | Consulting fees | Yes | DBI AG, Rotkreuz, Switzerland |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
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| | | | |
| 7 | Support for attending meetings and/or travel | None | |
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| 8 | Patents planned, issued or pending | None | |
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| 11 | Stock or stock options | None | |
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ICMJE DISCLOSURE FORM

Date: 13.09.2022

Your Name: Malcolm Kohler

Manuscript Title: Severe Obstructive Sleep Apnoea Disrupts Vigilance State-Dependent Metabolism

Manuscript number (if known): x

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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
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| | | | |
| 3 | Royalties or licenses | Yes | DBI AG, Rotkreuz, Switzerland |
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| 4 | Consulting fees | Yes | DBI AG, Rotkreuz, Switzerland |
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| 6 | Payment for expert testimony | None | |
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| | | | |
| 7 | Support for attending meetings and/or travel | None | |
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| 8 | Patents planned, issued or pending | None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None | |
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| 11 | Stock or stock options | None | |
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ICMJE DISCLOSURE FORM

Date: 13.09.2022

Your Name: Noriane Sievi

Manuscript Title: Severe Obstructive Sleep Apnoea Disrupts Vigilance State-Dependent Metabolism

Manuscript number (if known): x

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| 3 | Royalties or licenses | None | |
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| 4 | Consulting fees | None | |
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| 7 | Support for attending meetings and/or travel | None | |
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ICMJE DISCLOSURE FORM

Date: 13.09.2022

Your Name: Patrick Baumgartner

Manuscript Title: Severe Obstructive Sleep Apnoea Disrupts Vigilance State-Dependent Metabolism

Manuscript number (if known): x

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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
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| 4 | Consulting fees | None | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
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| 6 | Payment for expert testimony | None | |
| | | | |
| | | | |
| 7 | Support for attending meetings and/or travel | None | |
| | | | |
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| 8 | Patents planned, issued or pending | None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None | |
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| 11 | Stock or stock options | None | |
| | | | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None | |
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ICMJE DISCLOSURE FORM

Date: 12.09.2022
Your Name: Renato Zenobi
Manuscript Title: Severe Obstructive Sleep Apnoea Disrupts Vigilance State-Dependent Metabolism
Manuscript number (if known): _____

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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ____ Evi Diethelm-Winteler-Foundation | |
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| 3 | Royalties or licenses | ____ None | |
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| | | | |
| 4 | Consulting fees | ____ Yes | DBI AG, Rotkreuz, Switzerland |
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|----|--|-----------|--|
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ____ None | |
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| | | | |
| 6 | Payment for expert testimony | ____ None | |
| | | | |
| | | | |
| 7 | Support for attending meetings and/or travel | ____ None | |
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| 8 | Patents planned, issued or pending | ____ None | |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | ____ None | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ____ None | |
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| | | | |
| 11 | Stock or stock options | ____ None | |
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| | | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ____ None | |
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ICMJE DISCLOSURE FORM

Date: 12.09.2022
 Your Name: Steven Brown
 Manuscript Title: Severe Obstructive Sleep Apnoea Disrupts Vigilance State-Dependent Metabolism
 Manuscript number (if known): _____

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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | Swiss National Science Foundation | |
| | | The Human Frontiers Science Program | |
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| 3 | Royalties or licenses | ____ None | |
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| | | | |
| 4 | Consulting fees | ____ None | |

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ICMJE DISCLOSURE FORM

Date: 13.09.2022

Your Name: Stefan Malesevic

Manuscript Title: Severe Obstructive Sleep Apnoea Disrupts Vigilance State-Dependent Metabolism

Manuscript number (if known): x

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| | | | |
| 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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 X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 14.09.2022_____

Your Name: Thomas Gaisl_____

Manuscript Title: Severe Obstructive Sleep Apnoea Disrupts Vigilance State-Dependent Metabolism____

Manuscript number (if known):_____

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|---|--|--|---|
| Time frame: Since the initial planning of the work | | | |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | ____ None | |
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| | | | |
| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ____ None | |
| | | | |
| | | | |
| 3 | Royalties or licenses | ____ None | |
| | | | |
| | | | |
| 4 | Consulting fees | ____ Yes | Bayer, AG (outside of the submitted work) |
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|----|--|----------|--|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ___ None | |
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| 6 | Payment for expert testimony | ___ None | |
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| 7 | Support for attending meetings and/or travel | ___ None | |
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| 8 | Patents planned, issued or pending | ___ None | |
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| | | | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | ___ None | |
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| | | | |
| | | | |
| 13 | Other financial or non-financial interests | ___ None | |
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