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.

1. **Identifying information.**
2. **The work under consideration for publication.**
   
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4. **Intellectual Property.**
   
   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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

### Section 1. Identifying Information

| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date |
|---------------------------|------------------------|---------|
| GIUSEPPE                  | MAIOLINO               | 09-January-2020 |

4. Are you the corresponding author? [No] ✔

5. Manuscript Title
   Treating sleep disorders to improve blood pressure control and cardiovascular prevention: a dream come true?

6. Manuscript Identifying Number (if you know it)
   JTD-CUS-2020-014

### 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]
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Dr. MAIOLINO 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)  
   VALERIA

2. Surname (Last Name)  
   BISOGNI

3. Date  
   01-September-2020

4. Are you the corresponding author?  
   ☑ No  
   Corresponding Author's Name  
   MARTINO F. PENGO

5. Manuscript Title  
   Treating sleep disorders to improve blood pressure control and cardiovascular prevention: a dream come true?

6. Manuscript Identifying Number (if you know it)  
   JTD-CUS-2020-014

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Dr. BISOGNI has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Identifying Information

1. Given Name (First Name)  Alessandro
2. Surname (Last Name)  Silvani
3. Date  02-September-2020
4. Are you the corresponding author?  No
   Corresponding Author's Name  Martino Pengo
5. Manuscript Title  
   Treating sleep disorders to improve blood pressure control and cardiovascular prevention: a dream come true?
6. Manuscript Identifying Number (if you know it)  JTD-CUS-2020-014

The Work Under Consideration for Publication

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Intellectual Property -- Patents & Copyrights

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Dr. Silvani 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) Martino
2. Surname (Last Name) Pengo
3. Date 10-May-2020
4. Are you the corresponding author? Yes ☑ No □

5. Manuscript Title
Treating sleep disorders to improve blood pressure control and cardiovascular prevention: a dream come true?

6. Manuscript Identifying Number (if you know it)
JTD-CUS-2020-014

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

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Dr. Pengo has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
   Carolina

2. Surname (Last Name)
   Lombardi

3. Date
   03-September-2020

4. Are you the corresponding author?
   ☑ No

Corresponding Author's Name
   Pengo Martino Francesco

5. Manuscript Title
   Treating sleep disorders to improve blood pressure control and

6. Manuscript Identifying Number (if you know it)
   JTD-CUS-2020-014

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Dr. Lombardi has nothing to disclose.

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Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations
Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes
Pending: The patent has been filed but not issued
Issued: The patent has been issued by the agency
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
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Section 1. Identifying Information

1. Given Name (First Name)  Gianfranco
2. Surname (Last Name)  Parati
3. Date  08-September-2020
4. Are you the corresponding author?  No
5. Manuscript Title
   Treating sleep disorders to improve blood pressure control and cardiovascular prevention: a dream come true?
6. Manuscript Identifying Number (if you know it)
   JTD-CUS-2020-014

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.)?  No

Are there any relevant conflicts of interest?  Yes

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.

If yes, please fill out the appropriate information below.

| Name of Entity        | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|-----------------------|--------|-----------------|------------------------|--------|----------|
| Omron Healthcare      |        | Yes             |                        |        |          |
| Sanofi                |        | Yes             |                        |        |          |

Section 4. Intellectual Property -- Patents & Copyrights

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

Parati
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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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At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

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. Parati reports personal fees from Omron Healthcare, personal fees from Sanofi, outside the submitted work; .

Evaluation and Feedback

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