

## ICMJJE Form for Disclosure of Potential Conflicts of Interest

### 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.

#### 1. Identifying information.

#### 2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

#### 5. Relationships not covered above.

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#### Definitions.

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**Other:** Anything not covered under the previous three boxes

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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) Shadab      2. Surname (Last Name) Rahman      3. Date 06-January-2017

4. Are you the corresponding author?     Yes     No

5. Manuscript Title  
CIRCADIAN PHASE RESETTING BY A SINGLE SHORT-DURATION LIGHT EXPOSURE

6. Manuscript Identifying Number (if you know it)  
89494-INS-CMED-TR-2

### 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

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.

| Name of Institution/Company | Grant?                              | Personal Fees?           | Non-Financial Support?   | Other?                   | Comments |
|-----------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|----------|
| NIH - RC2-HL101340-0        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| NIH - T32-HL07901           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |

### 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.

| Name of Entity     | Grant?                   | Personal Fees?           | Non-Financial Support?   | Other?                              | Comments   |
|--------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|------------|
| Melcort Inc.,      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Equity <5% |
| Circadian ZirLight | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Equity <5% |

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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

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.

| Patent?  | Pending?                            | Issued?                             | Licensed?                           | Royalties?               | Licensee?                  | Comments |
|--|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|----------------------------|----------|
| Methods and Devices for Improving Sleep Performance in Subject Exposed to Light at Night | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Circadian ZircLight Inc.,  |          |
| Method and device for preventing alterations in circadian rhythm                         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Circadian ZircLight, Inc., |          |
|  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |                            |          |

### 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):

No other relationships/conditions/circumstances that present a potential conflict of interest

Dr. Rahman is a co-investigator on studies sponsored by Biological Illuminations, LLC; Vanda Pharmaceuticals Inc.

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### Section 6. Disclosure Statement

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Dr. Rahman reports grants from NIH - RC2-HL101340-0 , grants from NIH - T32-HL07901 , during the conduct of the study; other from Melcort Inc., , other from Circadian ZirLight, outside the submitted work; In addition, Dr. Rahman has a patent Methods and Devices for Improving Sleep Performance in Subject Exposed to Light at Night licensed to Circadian ZirLight Inc., , a patent Method and device for preventing alterations in circadian rhythm licensed to Circadian ZirLight, Inc., , and a patent null pending and Dr. Rahman is a co-investigator on studies sponsored by Biological Illuminations, LLC; Vanda Pharmaceuticals Inc..

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### Section 1. Identifying Information

|  |   |  |
|--|---|--|
| 1. Given Name (First Name)<br>Melissa  | 2. Surname (Last Name)<br>St. Hilaire                               | 3. Date<br>10-February-2017                  |
| 4. Are you the corresponding author?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Shadab Rahman |
| 5. Manuscript Title<br>Circadian phase resetting by single short-duration light exposure |   |  |
| 6. Manuscript Identifying Number (if you know it)<br>89494-INS-CMED-TR-2                 |   |  |

### 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

If yes, please fill out the appropriate information below.

| Name of Entity      | Grant?                              | Personal Fees?                      | Non-Financial Support?   | Other?                   | Comments                      |
|---------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------|
| Merrimack College   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | salary for teaching           |
| The MathWorks, Inc. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | payment for usability testing |
| Mayo Clinic         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | Pilot and Feasibility Award   |

### 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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### 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?

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Dr. St. Hilaire reports personal fees from Merrimack College, personal fees from The MathWorks, Inc., grants from Mayo Clinic, outside the submitted work; .

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### Section 1. Identifying Information

|  |   |  |
|--|---|--|
| 1. Given Name (First Name)<br>Anne-Marie   | 2. Surname (Last Name)<br>Chang                                     | 3. Date<br>10-February-2017                  |
| 4. Are you the corresponding author?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Shadab Rahman |
| 5. Manuscript Title<br>Circadian phase resetting by single short-duration light exposure |   |  |
| 6. Manuscript Identifying Number (if you know it)<br>89494-INS-CMED-TR-2                 |   |  |

### Section 2. The Work Under Consideration for Publication

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Dr. Chang has nothing to disclose.

### Evaluation and Feedback

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### Section 1. Identifying Information

|  |   |  |
|--|---|--|
| 1. Given Name (First Name)<br>Nayantara  | 2. Surname (Last Name)<br>Santhi                                    | 3. Date<br>10-February-2017                  |
| 4. Are you the corresponding author?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Shadab Rahman |
| 5. Manuscript Title<br>Circadian phase resetting by single short-duration light exposure |   |  |
| 6. Manuscript Identifying Number (if you know it)<br>89494-INS-CMED-TR-2                 |   |  |

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Dr. Santhi has nothing to disclose.

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|  |   |  |
|--|---|--|
| 1. Given Name (First Name)<br>Jeanne   | 2. Surname (Last Name)<br>Duffy                                     | 3. Date<br>10-February-2017                  |
| 4. Are you the corresponding author?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Shadab Rahman |
| 5. Manuscript Title<br>Circadian phase resetting by single short-duration light exposure |   |  |
| 6. Manuscript Identifying Number (if you know it)<br>89494-INS-CMED-TR-2                 |   |  |

### 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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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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):
- No other relationships/conditions/circumstances that present a potential conflict of interest

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. Duffy 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.

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### 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.

#### 1. Identifying information.

#### 2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

#### 4. Intellectual Property.

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.

#### Definitions.

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

**Grant:** A grant from an entity, generally [but not always] paid to your organization

**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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Richard

2. Surname (Last Name)  
Kronauer

3. Date  
10-February-2017

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Shadab Rahman

5. Manuscript Title  
Circadian phase resetting by single short-duration light exposure

6. Manuscript Identifying Number (if you know it)  
89494-INS-CMED-TR-2

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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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 6. Disclosure Statement

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Dr. Kronauer has nothing to disclose.

### Evaluation and Feedback

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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)  
Charles

2. Surname (Last Name)  
Czeisler

3. Date  
10-February-2017

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Shadab Rahman

5. Manuscript Title  
CIRCADIAN PHASE RESETTING BY A SINGLE SHORT-DURATION LIGHT EXPOSURE

6. Manuscript Identifying Number (if you know it)  
89494-INS-CMED-TR-2

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

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

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Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below.

| Name of Entity   | Grant?                   | Personal Fees?                      | Non-Financial Support?   | Other?                   | Comments   |
|------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--|
| Bose Corporation | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | consulting fees or served as a paid member of scientific advisory boards |
| Boston Celtics   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | consulting fees or served as a paid member of scientific advisory boards |
| Boston Red Sox   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | consulting fees or served as a paid member of scientific advisory boards |
| Citigo Inc       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | consulting fees or served as a paid member of scientific advisory boards |
| Cleveland Browns | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | consulting fees or served as a paid member of scientific advisory boards |

## ICMJE Form for Disclosure of Potential Conflicts of Interest

| Name of Entity   | Grant?                              | Personal Fees?                      | Non-Financial Support?   | Other?                   | Comments   |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--|
| Columbia River Bar Pilots                                    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | consulting fees or served as a paid member of scientific advisory boards |
| Institute of Digital Media and Child Development             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | consulting fees or served as a paid member of scientific advisory boards |
| Klarman Family Foundation                                    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | consulting fees or served as a paid member of scientific advisory boards |
| Koninklijke Philips Electronics, N.V.                        | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | consulting fees or served as a paid member of scientific advisory boards |
| Merck & Co. Inc  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | consulting fees or served as a paid member of scientific advisory boards |
| Minnesota Timberwolves                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | consulting fees or served as a paid member of scientific advisory boards |
| Novartis   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | consulting fees or served as a paid member of scientific advisory boards |
| Portland Trail Blazers                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | consulting fees or served as a paid member of scientific advisory boards |
| Purdue Pharma  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | consulting fees or served as a paid member of scientific advisory boards |
| Quest Diagnostics, Inc                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | consulting fees or served as a paid member of scientific advisory boards |
| Samsung Electronics  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | consulting fees or served as a paid member of scientific advisory boards |
| Sleep Multimedia, Inc  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | consulting fees or served as a paid member of scientific advisory boards |
| Teva Pharmaceuticals   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | consulting fees or served as a paid member of scientific advisory boards |
| Valero Inc.  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | consulting fees or served as a paid member of scientific advisory boards |
| Vanda Pharmaceuticals  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | consulting fees or served as a paid member of scientific advisory boards |
| V-Watch/PPRS   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | consulting fees or served as a paid member of scientific advisory boards |
| Cephalon Inc   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | education/research support   |
| Mary Ann & Stanley Snider via Combined Jewish Philanthropies | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | education/research support   |
| National Football League Charities                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | education/research support   |
| Optum  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | education/research support   |
| Philips Respironics, Inc.                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | education/research support   |

## ICMJE Form for Disclosure of Potential Conflicts of Interest

|  |                                     |                                     |                          |                                     |  |
|--|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|--|
| ResMed Foundation  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | education/research support                                   |
| San Francisco Bar Pilots   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | education/research support                                   |
| Schneider Inc  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | education/research support                                   |
| Sysco  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | education/research support                                   |
| AADSM (American Academy of Dental Sleep Medicine)                        | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | lecture fees/honoraria                                       |
| AASM (American Academy of Sleep Medicine)                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | lecture fees/honoraria                                       |
| Global Council on Brain Health/AARP                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | lecture fees/honoraria                                       |
| Harvard School of Public Health  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | lecture fees/honoraria                                       |
| Integritas Communications Group  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | lecture fees/honoraria                                       |
| Maryland Sleep Society   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | lecture fees/honoraria                                       |
| Montefiore Medical Center  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | lecture fees/honoraria                                       |
| National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | lecture fees/honoraria                                       |
| National Sleep Foundation  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | lecture fees/honoraria                                       |
| New England College of Optometry   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | lecture fees/honoraria                                       |
| Stanford Center for Sleep Sciences and Medicine                          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | lecture fees/honoraria                                       |
| Zurich Insurance Company, Ltd  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | lecture fees/honoraria                                       |
| Apple  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | equity interest  |
| Lifetrac, Inc  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | equity interest  |
| Microsoft  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | equity interest  |
| Somnus Therapeutics, Inc   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | equity interest  |
| Vanda Pharmaceuticals  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | equity interest  |
| McGraw Hill  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | ROYALTIES  |
| Houghton Mifflin Harcourt  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | ROYALTIES  |
| Philips Respironics, Inc   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | ROYALTIES for the Actiwatch-2 and Actiwatch-Spectrum devices |
| Bombardier, Inc  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Expert Witness   |
| Continental Airlines   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Expert Witness   |
| FedEx  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Expert Witness   |
| Greyhound  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Expert Witness   |
| Purdue Pharma, L.P.  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Expert Witness   |

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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United Parcel Service (UPS)     Expert Witness

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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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The Sleep and Health Education Program of the Harvard Medical School Division of Sleep Medicine (which Dr. Czeisler directs) has received Educational Grant funding from Cephalon, Inc., Jazz Pharmaceuticals, Takeda Pharmaceuticals, Teva Pharmaceuticals Industries Ltd., Sanofi-Aventis, Inc., Sepracor, Inc. and Wake Up Narcolepsy. Dr. Czeisler is the incumbent of an endowed professorship provided to Harvard University by Cephalon, Inc. and holds a number of process patents in the field of sleep/circadian rhythms (e.g., photic resetting of the human circadian pacemaker).

Dr. Czeisler's interests were reviewed and managed by Brigham and Women's Hospital and Partners HealthCare in accordance with their conflict of interest policies.

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### Section 6.

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Dr. Czeisler reports personal fees from Bose Corporation, personal fees from Boston Celtics, personal fees from Boston Red Sox, personal fees from Citgo Inc, personal fees from Cleveland Browns, personal fees from Columbia River Bar Pilots, personal fees from Institute of Digital Media and Child Development, personal fees from Klarman Family Foundation, personal fees from Koninklijke Philips Electronics, N.V., personal fees from Merck & Co. Inc, personal fees from Minnesota Timberwolves, personal fees from Novartis, personal fees from Portland Trail Blazers, personal fees from Purdue Pharma, personal fees from Quest Diagnostics, Inc, personal fees from Samsung Electronics, personal fees from Sleep Multimedia, Inc, personal fees from Teva Pharmaceuticals, personal fees from Valero Inc., personal fees from Vanda Pharmaceuticals , personal fees from V-Watch/PPRS, grants from Cephalon Inc, grants from Mary Ann & Stanley Snider via Combined Jewish Philanthropies, grants from National Football League Charities, grants from Optum, grants from Philips Respironics, Inc., grants from ResMed Foundation, grants from San Francisco Bar Pilots, grants from Schneider Inc, grants from Sysco, personal fees from AADSM (American Academy of Dental Sleep Medicine), personal fees from AASM (American Academy of Sleep Medicine), personal fees from Global Council on Brain Health/AARP, personal fees from Harvard School of Public Health, personal fees from Integritas Communications Group, personal fees from Maryland Sleep Society, personal fees from Montefiore Medical Center, personal fees from National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), personal fees from National Sleep Foundation, personal fees from New England College of Optometry, personal fees from Stanford Center for Sleep Sciences and Medicine, personal fees from Zurich Insurance Company, Ltd, other from Apple, other from Lifetrac, Inc, other from Microsoft, other from Somnus Therapeutics, Inc, other from Vanda Pharmaceuticals, personal fees from McGraw Hill, personal fees from Houghton Mifflin Harcourt, personal fees from Philips Respironics, Inc, personal fees from Bombardier, Inc, personal fees from Continental Airlines, personal fees from FedEx, personal fees from Greyhound, personal fees from Purdue Pharma, L.P., personal fees from United Parcel Service (UPS), outside the submitted work; and The Sleep and Health Education Program of the Harvard Medical School Division of Sleep Medicine (which Dr. Czeisler directs) has received Educational Grant funding from Cephalon, Inc., Jazz Pharmaceuticals, Takeda Pharmaceuticals, Teva Pharmaceuticals Industries Ltd., Sanofi-Aventis, Inc., Sepracor, Inc. and Wake Up Narcolepsy. Dr. Czeisler is the incumbent of an endowed professorship provided to Harvard University by Cephalon, Inc. and holds a number of process patents in the field of sleep/circadian rhythms (e.g., photic resetting of the human circadian pacemaker). Dr. Czeisler's interests were reviewed and managed by Brigham and Women's Hospital and Partners HealthCare in accordance with their conflict of interest policies..

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#### 1. Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

#### 2. The work under consideration for publication.

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

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

|  |   |  |
|--|---|--|
| 1. Given Name (First Name)<br>Steven   | 2. Surname (Last Name)<br>Lockley                                   | 3. Effective Date (07-August-2008)<br>08-January-2017  |
| 4. Are you the corresponding author?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Shadab A. Rahman, Ph.D. |
| 5. Manuscript Title<br>Circadian phase resetting by single short-duration light exposure |   |  |
| 6. Manuscript Identifying Number (if you know it)<br>89494-INS-CMED-TR-2                 |   |  |

### Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. **If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.**

#### The Work Under Consideration for Publication

| Type  | No                                  | Money Paid to You        | Money to Your Institution* | Name of Entity | Comments** |     |
|---|-------------------------------------|--------------------------|----------------------------|----------------|------------|-----|
| 1. Grant  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |                |            | X   |
|   |                                     |                          |                            |                |            | ADD |
| 2. Consulting fee or honorarium   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |                |            | X   |
|   |                                     |                          |                            |                |            | ADD |
| 3. Support for travel to meetings for the study or other purposes   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |                |            | X   |
|   |                                     |                          |                            |                |            | ADD |
| 4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |                |            | X   |
|   |                                     |                          |                            |                |            | ADD |
| 5. Payment for writing or reviewing the manuscript  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |                |            | X   |
|   |                                     |                          |                            |                |            | ADD |
| 6. Provision of writing assistance, medicines, equipment, or administrative support   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |                |            | X   |



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| The Work Under Consideration for Publication |                                     |                          |                            |                |            |     |
|--|-------------------------------------|--------------------------|----------------------------|----------------|------------|-----|
| Type   | No                                  | Money Paid to You        | Money to Your Institution* | Name of Entity | Comments** |     |
|  |                                     |                          |                            |                |            | ADD |
| 7. Other                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   |                |            | X   |
|  |                                     |                          |                            |                |            | ADD |

\* This means money that your institution received for your efforts on this study.

\*\* Use this section to provide any needed explanation.

### 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 submission.

Complete each row by checking "No" or providing the requested information. **If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.**

| Relevant financial activities outside the submitted work |                                     |                                     |                            |   |  |     |
|--|-------------------------------------|-------------------------------------|----------------------------|---|--|-----|
| Type of Relationship (in alphabetical order)             | No                                  | Money Paid to You                   | Money to Your Institution* | Entity                                  | Comments                                       |     |
| 1. Board membership                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>   |   |  | X   |
|  |                                     |                                     |                            |   |  | ADD |
| 2. Consultancy   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | Wyle Integrated Science and Engineering | Provide advice to NASA on jetlag and shiftwork | X   |
| 2. Consultancy   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | Light Cognitive                         | Advice on lighting                             | X   |
| 2. Consultancy   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | Headwaters                              | Advice on lighting                             | X   |
| 2. Consultancy   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | PlanLED                                 | Advice on lighting (no money received to date) | X   |
| 2. Consultancy   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | Delos Living                            | Advice on lighting                             | X   |
| 2. Consultancy   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | Carbon Limiting Technologies Ltd        | Advice on lighting                             | X   |
| 2. Consultancy   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | Environmental Light Sciences LLC        | Advice on lighting (no money received to date) | X   |
| 2. Consultancy   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | Pegasus Capital Advisors LP             | Advice on sleep                                | X   |



## ICMJJE Form for Disclosure of Potential Conflicts of Interest

| Relevant financial activities outside the submitted work      |                          |                                     |                                     |  |  |     |
|---|--------------------------|-------------------------------------|-------------------------------------|--|--|-----|
| Type of Relationship (in alphabetical order)                  | No                       | Money Paid to You                   | Money to Your Institution*          | Entity   | Comments   |     |
| 2. Consultancy  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Perceptive Advisors; Serrado Capital; Slingshot Insights | Review of public data associated with clinical trials of melatonin agonist Tasimelteon (Vanda Pharmaceuticals Inc.) with financial firms | ×   |
| 2. Consultancy  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Atlanta Hawks  | Advice on jetlag and sleep   | ×   |
| 2. Consultancy  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Atlanta Falcons  | Advice on jetlag and sleep   | ×   |
| 2. Consultancy  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Hints Performance  | Advice on sleep  | ×   |
| 2. Consultancy  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Akili Interactive  | Advice on sleep  | ×   |
| 2. Consultancy  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Opterra Energy Services                                  | Advice on lighting   | ×   |
|   |                          |                                     |                                     |  |  | ADD |
| 3. Employment   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Monash University  | I have a part time Adjunct faculty position with Monash University (0.4 FTE)   | ×   |
|   |                          |                                     |                                     |  |  | ADD |
| 4. Expert testimony   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Hicks Morley Hamilton Stewart Storie LLP                 | Work hour arbitration on behalf of a public body   | ×   |
| 4. Expert testimony   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Philips Lytle  | Legal case on light and sleep  | ×   |
|   |                          |                                     |                                     |  |  | ADD |
| 5. Grants/grants pending                                      | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Philips Lighting   | Investigator-initiated project about lighting  | ×   |
| 5. Grants/grants pending                                      | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Biological Illuminations LLC                             | Investigator-initiated project about lighting  | ×   |
| 5. Grants/grants pending                                      | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Vanda Pharmaceuticals Inc.                               | Three completed Phase III clinical trials; two Service Agreements; one investigator-initiated study                                      | ×   |
| 5. Grants/grants pending                                      | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | F.Lux Software LLC                                       | Investigator-initiated project about lighting software   | ×   |
|   |                          |                                     |                                     |  |  | ADD |
| 6. Payment for lectures including service on speakers bureaus | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Harvard University                                       | Honorarium for invited seminar   | ×   |

## ICMJE Form for Disclosure of Potential Conflicts of Interest

|   |                                     |                                     |                                     |   |  |     |
|---|-------------------------------------|-------------------------------------|-------------------------------------|---|--|-----|
| 6. Payment for lectures including service on speakers bureaus               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Estee Lauder                            | Honorarium for lecture and meeting   | ×   |
|   |                                     |                                     |                                     |   |  | ADD |
| 7. Payment for manuscript preparation                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |   |  | ×   |
|   |                                     |                                     |                                     |   |  | ADD |
| 8. Patents (planned, pending or issued)                                     | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Brigham & Women's Hospital              | Patent for the use of short-wavelength light for resetting the human circadian pacemaker and improving alertness and performance | ×   |
| 8. Patents (planned, pending or issued)                                     | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Harvard University                      | Patent for systems and methods for determining and/or controlling sleep quality  | ×   |
|   |                                     |                                     |                                     |   |  | ADD |
| 9. Royalties  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Oxford University Press                 | Book royalties   | ×   |
|   |                                     |                                     |                                     |   |  | ADD |
| 10. Payment for development of educational presentations                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |   |  | ×   |
|   |                                     |                                     |                                     |   |  | ADD |
| 11. Stock/stock options   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Environmental Light Sciences LLC        | 10% ownership (no monies received to date)   | ×   |
| 11. Stock/stock options   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | iSleep PTY                              | 50% ownership (no monies received to date)   | ×   |
| 11. Stock/stock options   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Akili Interactive                       | <1% minor options (not exercised to date)  | ×   |
| 11. Stock/stock options   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Light Cognitive                         | <1% minor options (not exercised to date)  | ×   |
|   |                                     |                                     |                                     |   |  | ADD |
| 12. Travel/accommodations/meeting expenses unrelated to activities listed** | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Wyle Integrated Science and Engineering | Travel/accommodation for multiple research meetings  | ×   |
| 12. Travel/accommodations/meeting expenses unrelated to activities listed** | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Hints Performance AG                    | Travel/accommodation for meeting   | ×   |
| 12. Travel/accommodations/meeting expenses unrelated to activities listed** | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Midwest Lighting Institute              | Travel/accommodation for meeting   | ×   |
| 12. Travel/accommodations/meeting expenses unrelated to activities listed** | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Lightfair                               | Travel/accommodation for meeting   | ×   |

## ICMJE Form for Disclosure of Potential Conflicts of Interest

|  |                          |                                     |                                     |                                 |   |   |
|--|--------------------------|-------------------------------------|-------------------------------------|---------------------------------|---|---|
| 12. Travel/accommodations/<br>meeting expenses unrelated to<br>activities listed** | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | USGBC                           | Travel/accommodation<br>for meeting     | × |
| <b>ADD</b>   |                          |                                     |                                     |                                 |   |   |
| 13. Other (err on the side of full<br>disclosure)                                  | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Philips Lighting                | Unrestricted lighting<br>equipment gift | × |
| 13. Other (err on the side of full<br>disclosure)                                  | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Bionetics Corporation           | Unrestricted lighting<br>equipment gift | × |
| 13. Other (err on the side of full<br>disclosure)                                  | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Biological<br>Illuminations LLC | Unrestricted lighting<br>equipment gift | × |
| <b>ADD</b>   |                          |                                     |                                     |                                 |   |   |

\* This means money that your institution received for your efforts.

\*\* For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.

### Section 4.

#### Other relationships

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?

- No other relationships/conditions/circumstances that present a potential conflict of interest
- Yes, the following relationships/conditions/circumstances are present (explain below):

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.

Hide All Table Rows Checked 'No'

SAVE

### Evaluation and Feedback

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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### 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.

#### 1. Identifying information.

#### 2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

#### 4. Intellectual Property.

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.

#### Definitions.

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

**Grant:** A grant from an entity, generally [but not always] paid to your organization

**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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

|  |   |   |
|--|---|---|
| 1. Given Name (First Name)<br>Elizabeth  | 2. Surname (Last Name)<br>Klerman                                   | 3. Date<br>17-January-2017                      |
| 4. Are you the corresponding author?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Dr. S. A. Rahman |
| 5. Manuscript Title<br>CIRCADIAN PHASE RESETTING BY A SINGLE SHORT-DURATION LIGHT EXPOSURE |   |   |
| 6. Manuscript Identifying Number (if you know it)<br>89494-INS-CMED-TR-2                   |   |   |

### 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

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.

| Name of Institution/Company                          | Grant?                              | Personal Fees?           | Non-Financial Support?   | Other?                   | Comments |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------|----------|
| NIH  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| NSBRI (National Space Biomedical Research Institute) | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |

### 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.

| Name of Entity           | Grant?                   | Personal Fees?                      | Non-Financial Support?   | Other?                              | Comments             |
|--------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|----------------------|
| Sleep Technology Council | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Travel reimbursement |
| Legal Firms              | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | Consulting on cases  |

## ICMJE Form for Disclosure of Potential Conflicts of Interest

| Name of Entity   | Grant?                   | Personal Fees?           | Non-Financial Support?   | Other?                              | Comments             |
|------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|----------------------|
| Brain Conference | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Travel reimbursement |
| Free Health LLC  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Travel reimbursement |

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

### 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):
- No other relationships/conditions/circumstances that present a potential conflict of interest

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. Klerman reports grants from NIH, from NSBRI (National Space Biomedical Research Institute), during the conduct of the study; other from Sleep Technology Council, personal fees from Legal Firms, other from Brain Conference, other from Free Health LLC, outside the submitted work; .


## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Evaluation and Feedback

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

## TREND Statement Checklist

| Paper Section/<br>Topic   | Item No | Descriptor   | Reported?   |       |
|---|---------|--|---|-------|
|   |         |  |  | Pg #  |
| <b>Title and Abstract</b>   |         |  |   |       |
| Title and Abstract  | 1       | • Information on how unit were allocated to interventions  | X   | 5     |
|   |         | • Structured abstract recommended  | X   | 5     |
|   |         | • Information on target population or study sample   | X   | 5     |
| <b>Introduction</b>   |         |  |   |       |
| Background  | 2       | • Scientific background and explanation of rationale   | X   | 7     |
|   |         | • Theories used in designing behavioral interventions  | X   | 7     |
| <b>Methods</b>  |         |  |   |       |
| Participants  | 3       | • Eligibility criteria for participants, including criteria at different levels in recruitment/sampling plan (e.g., cities, clinics, subjects) | X   | 12    |
|   |         | • Method of recruitment (e.g., referral, self-selection), including the sampling method if a systematic sampling plan was implemented          | X   | 12    |
|   |         | • Recruitment setting  | X   | 12    |
|   |         | • Settings and locations where the data were collected   | X   | 12    |
| Interventions   | 4       | • Details of the interventions intended for each study condition and how and when they were actually administered, specifically including:     | X   | 12-15 |
|   |         | ○ Content: what was given?   | X   | 12-15 |
|   |         | ○ Delivery method: how was the content given?  | X   | 12-15 |
|   |         | ○ Unit of delivery: how were the subjects grouped during delivery?   | X   | 12-15 |
|   |         | ○ Deliverer: who delivered the intervention?   | X   | 12-15 |
|   |         | ○ Setting: where was the intervention delivered?   | X   | 12-15 |
|   |         | ○ Exposure quantity and duration: how many sessions or episodes or events were intended to be delivered? How long were they intended to last?  | X   | 12-15 |
|   |         | ○ Time span: how long was it intended to take to deliver the intervention to each unit?  | X   | 12-15 |
| ○ Activities to increase compliance or adherence (e.g., incentives) | X       | 12-15  |   |       |
| Objectives  | 5       | • Specific objectives and hypotheses   | X   | 12-15 |
| Outcomes  | 6       | • Clearly defined primary and secondary outcome measures   | X   | 15-17 |
|   |         | • Methods used to collect data and any methods used to enhance the quality of measurements   | X   | 15-17 |
|   |         | • Information on validated instruments such as psychometric and biometric properties   | X   | 15-17 |
| Sample Size   | 7       | • How sample size was determined and, when applicable, explanation of any interim analyses and stopping rules                                  |   |       |
| Assignment Method   | 8       | • Unit of assignment (the unit being assigned to study condition, e.g., individual, group, community)  | X   | 12-15 |
|   |         | • Method used to assign units to study conditions, including details of any restriction (e.g., blocking, stratification, minimization)         | X   | 12-15 |
|   |         | • Inclusion of aspects employed to help minimize potential bias induced due to non-randomization (e.g., matching)                              | X   | 12-15 |



## TREND Statement Checklist

|                      |    |  |     |       |
|----------------------|----|--|-----|-------|
| Blinding (masking)   | 9  | <ul style="list-style-type: none"> <li>Whether or not participants, those administering the interventions, and those assessing the outcomes were blinded to study condition assignment; if so, statement regarding how the blinding was accomplished and how it was assessed.</li> </ul> |     |       |
| Unit of Analysis     | 10 | <ul style="list-style-type: none"> <li>Description of the smallest unit that is being analyzed to assess intervention effects (e.g., individual, group, or community)</li> </ul>   | X   | 12-15 |
|                      |    | <ul style="list-style-type: none"> <li>If the unit of analysis differs from the unit of assignment, the analytical method used to account for this (e.g., adjusting the standard error estimates by the design effect or using multilevel analysis)</li> </ul>                           | X   | 16-17 |
| Statistical Methods  | 11 | <ul style="list-style-type: none"> <li>Statistical methods used to compare study groups for primary methods outcome(s), including complex methods of correlated data</li> </ul>  | X   | 16-17 |
|                      |    | <ul style="list-style-type: none"> <li>Statistical methods used for additional analyses, such as a subgroup analyses and adjusted analysis</li> </ul>  | X   | 16-17 |
|                      |    | <ul style="list-style-type: none"> <li>Methods for imputing missing data, if used</li> </ul>   | X   | 16-17 |
|                      |    | <ul style="list-style-type: none"> <li>Statistical software or programs used</li> </ul>  | X   | 16-17 |
| <b>Results</b>       |    |  |     |       |
| Participant flow     | 12 | <ul style="list-style-type: none"> <li>Flow of participants through each stage of the study: enrollment, assignment, allocation, and intervention exposure, follow-up, analysis (a diagram is strongly recommended)</li> </ul>   | X   | 8-9   |
|                      |    | <ul style="list-style-type: none"> <li>Enrollment: the numbers of participants screened for eligibility, found to be eligible or not eligible, declined to be enrolled, and enrolled in the study</li> </ul>   | X   | 8-9   |
|                      |    | <ul style="list-style-type: none"> <li>Assignment: the numbers of participants assigned to a study condition</li> </ul>  | X   | 8-9   |
|                      |    | <ul style="list-style-type: none"> <li>Allocation and intervention exposure: the number of participants assigned to each study condition and the number of participants who received each intervention</li> </ul>  | X   | 8-9   |
|                      |    | <ul style="list-style-type: none"> <li>Follow-up: the number of participants who completed the follow-up or did not complete the follow-up (i.e., lost to follow-up), by study condition</li> </ul>  | X   | 8-9   |
|                      |    | <ul style="list-style-type: none"> <li>Analysis: the number of participants included in or excluded from the main analysis, by study condition</li> </ul>  | X   | 8-9   |
|                      |    | <ul style="list-style-type: none"> <li>Description of protocol deviations from study as planned, along with reasons</li> </ul>   | X   | 8-9   |
| Recruitment          | 13 | <ul style="list-style-type: none"> <li>Dates defining the periods of recruitment and follow-up</li> </ul>  |     |       |
| Baseline Data        | 14 | <ul style="list-style-type: none"> <li>Baseline demographic and clinical characteristics of participants in each study condition</li> </ul>  | N/A |       |
|                      |    | <ul style="list-style-type: none"> <li>Baseline characteristics for each study condition relevant to specific disease prevention research</li> </ul>   | N/A |       |
|                      |    | <ul style="list-style-type: none"> <li>Baseline comparisons of those lost to follow-up and those retained, overall and by study condition</li> </ul>   | N/A |       |
|                      |    | <ul style="list-style-type: none"> <li>Comparison between study population at baseline and target population of interest</li> </ul>  | N/A |       |
| Baseline equivalence | 15 | <ul style="list-style-type: none"> <li>Data on study group equivalence at baseline and statistical methods used to control for baseline differences</li> </ul>   | N/A |       |

## TREND Statement Checklist

|                         |    |  |     |       |
|-------------------------|----|--|-----|-------|
| Numbers analyzed        | 16 | <ul style="list-style-type: none"> <li>Number of participants (denominator) included in each analysis for each study condition, particularly when the denominators change for different outcomes; statement of the results in absolute numbers when feasible</li> </ul>  | X   | 8-9   |
|                         |    | <ul style="list-style-type: none"> <li>Indication of whether the analysis strategy was “intention to treat” or, if not, description of how non-compliers were treated in the analyses</li> </ul>   | X   | 8-9   |
| Outcomes and estimation | 17 | <ul style="list-style-type: none"> <li>For each primary and secondary outcome, a summary of results for each estimation study condition, and the estimated effect size and a confidence interval to indicate the precision</li> </ul>  | X   | 8-9   |
|                         |    | <ul style="list-style-type: none"> <li>Inclusion of null and negative findings</li> </ul>  | X   | 8-9   |
|                         |    | <ul style="list-style-type: none"> <li>Inclusion of results from testing pre-specified causal pathways through which the intervention was intended to operate, if any</li> </ul>   | N/A |       |
| Ancillary analyses      | 18 | <ul style="list-style-type: none"> <li>Summary of other analyses performed, including subgroup or restricted analyses, indicating which are pre-specified or exploratory</li> </ul>  | N/A |       |
| Adverse events          | 19 | <ul style="list-style-type: none"> <li>Summary of all important adverse events or unintended effects in each study condition (including summary measures, effect size estimates, and confidence intervals)</li> </ul>  | X   | 12-15 |
| <b>DISCUSSION</b>       |    |  |     |       |
| Interpretation          | 20 | <ul style="list-style-type: none"> <li>Interpretation of the results, taking into account study hypotheses, sources of potential bias, imprecision of measures, multiplicative analyses, and other limitations or weaknesses of the study</li> </ul>   | X   | 9-11  |
|                         |    | <ul style="list-style-type: none"> <li>Discussion of results taking into account the mechanism by which the intervention was intended to work (causal pathways) or alternative mechanisms or explanations</li> </ul>   | X   | 9-11  |
|                         |    | <ul style="list-style-type: none"> <li>Discussion of the success of and barriers to implementing the intervention, fidelity of implementation</li> </ul>   | X   | 9-11  |
|                         |    | <ul style="list-style-type: none"> <li>Discussion of research, programmatic, or policy implications</li> </ul>   | X   | 9-11  |
| Generalizability        | 21 | <ul style="list-style-type: none"> <li>Generalizability (external validity) of the trial findings, taking into account the study population, the characteristics of the intervention, length of follow-up, incentives, compliance rates, specific sites/settings involved in the study, and other contextual issues</li> </ul> | X   | 9-11  |
| Overall Evidence        | 22 | <ul style="list-style-type: none"> <li>General interpretation of the results in the context of current evidence and current theory</li> </ul>  | X   | 9-11  |

From: Des Jarlais, D. C., Lyles, C., Crepaz, N., & the Trend Group (2004). Improving the reporting quality of nonrandomized evaluations of behavioral and public health interventions: The TREND statement. *American Journal of Public Health*, 94, 361-366. For more information, visit: <http://www.cdc.gov/trendstatement/>