ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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<tr>
<td>Joanna</td>
<td>Sesti</td>
<td>26-December-2019</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
   - [✓] Yes  
   - [ ] No

5. Manuscript Title  
   Vaping associated lung illness: a case series

6. Manuscript Identifying Number (if you know it)

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Dr. Sesti has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Safiyya
2. Surname (Last Name)  Quintiliani
3. Date  26-December-2019
4. Are you the corresponding author?   Yes   No
   Corresponding Author’s Name  Joanna Sesti
5. Manuscript Title  Vaping associated lung illness: a case series
6. Manuscript Identifying Number (if you know it)

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Dr. Quintiliani has nothing to disclose.

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<tr>
<td>Christine</td>
<td>Minerowicz</td>
<td>26-December-2019</td>
</tr>
</tbody>
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4. Are you the corresponding author?  
   - [ ] Yes  
   - [X] No

5. Manuscript Title  
   Vaping associated lung illness: a case series

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Corresponding Author’s Name  
Joanna Sesti
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Section 1. Identifying Information

1. Given Name (First Name)  Delyse
2. Surname (Last Name)  Garg
3. Date  26-December-2019
4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  Joanna Sesti

5. Manuscript Title  Vaping associated lung illness: a case series

6. Manuscript Identifying Number (if you know it)

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Dr. Garg has nothing to disclose.

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Martin
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<tbody>
<tr>
<td>Shabiah</td>
<td>Martin</td>
<td>26-December-2019</td>
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4. Are you the corresponding author? [ ] Yes [ ] No

Corresponding Author’s Name
Joanna Sesti

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

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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)  
Karim

2. Surname (Last Name)  
Akl

3. Date  
26-December-2019

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

Corresponding Author’s Name  
Joanna Sesti

5. Manuscript Title  
Vaping associated lung illness: a case series

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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

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Section 4. Intellectual Property -- Patents & Copyrights

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

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<td>Guerrieri</td>
<td>26-December-2019</td>
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4. Are you the corresponding author?  
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   - No  

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6. Manuscript Identifying Number (if you know it)  

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Dr. Guerrieri has nothing to disclose.

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<tr>
<td>Sabiha</td>
<td>Hussain</td>
<td>26-December-2019</td>
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4. Are you the corresponding author?  
   □ Yes  ✔ No

Corresponding Author’s Name  
Joanna Sesti

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)

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Dr. Hussain has nothing to disclose.

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Migliore
ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Christina

2. Surname (Last Name)  
   Migliore

3. Date  
   26-December-2019

4. Are you the corresponding author?  
   [ ] Yes  
   [x] No

   Corresponding Author’s Name  
   Joanna Sesti

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

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1. Given Name (First Name)  
   Pratik

2. Surname (Last Name)  
   Patel

3. Date  
   26-December-2019

4. Are you the corresponding author?  
   - Yes
   - No
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   Joanna Sesti

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Dr. Patel has nothing to disclose.

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<tr>
<td>Marc</td>
<td>Lindner</td>
<td>26-December-2019</td>
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4. Are you the corresponding author? [ ] Yes [ ] No

Corresponding Author’s Name
Joanna Sesti

5. Manuscript Title
Vaping associated lung illness: a case series

6. Manuscript Identifying Number (if you know it)

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

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? [ ] Yes [ ] No

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

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

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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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Dr. Lindner has nothing to disclose.

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1. Identifying information.

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Section 1. Identifying Information

1. Given Name (First Name)  Thiruvengadam  
2. Surname (Last Name)  Anandarangam  
3. Date  26-December-2019  
4. Are you the corresponding author?  ☑ Yes  
5. Manuscript Title  Vaping associated lung illness: a case series  
6. Manuscript Identifying Number (if you know it)  

Corresponding Author’s Name  Joanna Sesti

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