

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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) Emilie	2. Surname (Last Name) Amaro	3. Date 02-May-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Claudette Lajam
5. Manuscript Title Vaping and Orthopedic Surgery: Review of Electronic Cigarettes for Orthopedic Surgeons		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Dr. Amaro 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)
Mara

2. Surname (Last Name)
Karamitopoulos

3. Date
03-May-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Claudette Lajam, MD

5. Manuscript Title
Vaping and Orthopedic Surgery: Review of Electronic Cigarettes for Orthopedic Surgeons

6. Manuscript Identifying Number (if you know it)

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Dr. Karamitopoulos has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Nicholas	2. Surname (Last Name) Shepard	3. Date 20-May-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Claudette Lajam
5. Manuscript Title Vaping and Orthopedic Surgery: Review of Electronic Cigarettes for Orthopedic Surgeons		
6. Manuscript Identifying Number (if you know it)		

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Dr. Shepard has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Claudette

2. Surname (Last Name)
Lajam

3. Date
30-April-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Vaping and Orthopedic Surgery: Review of Electronic Cigarettes and other Nicotine Delivery Devices for Orthopedic Surgeons

6. Manuscript Identifying Number (if you know it)
D-18-00015R1

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Section 1. Identifying Information

1. Given Name (First Name) Lewis	2. Surname (Last Name) Moss	3. Date 17-June-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Claudette Lajam
5. Manuscript Title Vaping and Orthopedic Surgery: Review of Electronic Cigarettes for Orthopedic Surgeons		
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