ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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?  ☑ 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?  ☑ No

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Dr. Amaro has nothing to disclose.

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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)

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. 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? 
   ☑ 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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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?  Yes  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. Moss has nothing to disclose.

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