

#### 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.

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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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Royalties: Funds are coming in to you or your institution due to your patent



Section 1.	Identifying Infor	mation	
1. Given Name (Fin Daniel	rst Name)	2. Surname (Last Name) Cason	3. Date 15-March-2016
4. Are you the cor	responding author?	✓ Yes No	
5. Manuscript Title Injuries Sustaine		Electronic Cigarette: Case Report	
6. Manuscript Ider L16-0023	ntifying Number (if you l	(now 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.)?

🖌 No

Are there any relevant conflicts of interest?		Yes
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No

Are there any relevant conflicts of interest?		Yes	$\checkmark$	1
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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? 🗌 Yes 🖌 No



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## Section 6. Disclosure Statement

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Dr. Cason has nothing to disclose.

### **Evaluation and Feedback**

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1. Given Name (Fi Jason	irst Name)	2. Surname (Last Name Pietryga	2)	3. Date 15-March-2016
. Are you the co	rresponding author?	Yes 🖌 No	Corresponding Author's Nan Daniel Cason, MD	ne
5. Manuscript Titl njuries Sustaine		Electronic Cigarette: Ca	se Report	
6. Manuscript Ide L16-0023	ntifying Number (if you	know it)		

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1. Given Name (Fi Desiree	rst Name)	2. Surname (Last Name) Morgan	3. Date 06-April-2106
4. Are you the corresponding author? Yes 🖌 No		Yes 🖌 No	Corresponding Author's Name Dan Cason
5. Manuscript Title Injuries Sustaine		Electronic Cigarette: Case	Report
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