

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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)

Jason

2. Surname (Last Name)

Devgun

3. Date

28-June-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Arkady Rasin

5. Manuscript Title

Coagulopathy Associated with Synthetic Cannabinoid Use: A Case Report with Confirmatory Laboratory Testing

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Devgun 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) Timothy	2. Surname (Last Name) Meehan	3. Date 06-July-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Arkady Rasin
5. Manuscript Title Coagulopathy Associated with Synthetic Cannabinoid Use: A Case Report with Confirmatory Laboratory Testing		
6. Manuscript Identifying Number (if you know it) L19-0321		

Section 2. The Work Under Consideration for Publication

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Dr. Meehan has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Daniel

2. Surname (Last Name)
Nosal

3. Date
03-July-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Arkady Rasin

5. Manuscript Title
Coagulopathy after Synthetic Cannabinoid Use: A Case Report

6. Manuscript Identifying Number (if you know it)

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Daniel Nosal has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Arkady

2. Surname (Last Name)

Rasin

3. Date

27-June-2019

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Coagulopathy Associated with Synthetic Cannabinoid Use: A Case Report with Confirmatory Laboratory Testing

6. Manuscript Identifying Number (if you know it)

L19-0321

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Trevonne

2. Surname (Last Name)

Thompson

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27-June-2019

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Yes No

Corresponding Author's Name

Arkady Rasin

5. Manuscript Title

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Section 1. Identifying Information

1. Given Name (First Name) Richard	2. Surname (Last Name) van Breemen	3. Date 27-June-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Arkady Rasin
5. Manuscript Title Coagulopathy after Synthetic Cannabinoid Use: a Case Report with Confirmatory Laboratory Testing		
6. Manuscript Identifying Number (if you know it) L19-0321		

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

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Are there any relevant conflicts of interest? Yes No

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Dr. van Breemen has nothing to disclose.

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