

ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

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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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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) Jamie 2. Surname (Last Name) Brown 3. Date 21-December-2016

4. Are you the corresponding author? Yes No Corresponding Author's Name
Lion Shahab

5. Manuscript Title
Nicotine, carcinogen and toxicant exposure in long-term e-cigarette and nicotine replacement therapy users: a cross-sectional study

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

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Pfizer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	JB has received unrestricted research funding from Pfizer to study smoking cessation.

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 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Brown reports grants from Pfizer, outside the submitted work; .

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ICMJJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Lanqing	2. Surname (Last Name) Wang	3. Date 21-December-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Nicotine, carcinogen and toxicant exposure in long-term e-cigarette and nicotine replacement therapy users: a cross-sectional study		
6. Manuscript Identifying Number (if you know it) M16-1107		

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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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Wang has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Benjamin	2. Surname (Last Name) Blount	3. Date 21-December-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title "Nicotine, carcinogen and toxicant exposure in long-term e-cigarette and nicotine replacement therapy users: a cross-sectional study"		
6. Manuscript Identifying Number (if you know it) M16-1107		

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Blount has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) June	2. Surname (Last Name) Feng	3. Date 21-December-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lion Shahab
5. Manuscript Title Nicotine, carcinogen and toxicant exposure in long-term e-cigarette and nicotine replacement therapy users: a cross-sectional study		
6. Manuscript Identifying Number (if you know it) M16-1107		

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Section 1. Identifying Information

1. Given Name (First Name)
ROBERT

2. Surname (Last Name)
WEST

3. Date
21-December-2016

4. Are you the corresponding author? Yes No
Corresponding Author's Name
LION SHAHAB

5. Manuscript Title
Nicotine, carcinogen and toxicant exposure in long-term e-cigarette and nicotine replacement therapy users: a cross-sectional study

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
PFIZER	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RESEARCH GRANTS, CONSULTANCY FEES, TRAVEL AND HOSPITALITY
J&J	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RESEARCH GRANTS, CONSULTANCY FEES, TRAVEL AND HOSPITALITY
GSK	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RESEARCH GRANTS, CONSULTANCY FEES, TRAVEL AND HOSPITALITY

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr WEST's salary is funded by Cancer Research UK. He is an advisor to the UK's National Centre for Smoking Cessation and Training.

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Dr. WEST reports grants, personal fees and non-financial support from PFIZER, grants, personal fees and non-financial support from J&J, grants, personal fees and non-financial support from GSK, outside the submitted work; and Dr WEST's salary is funded by Cancer Research UK. He is an advisor to the UK's National Centre for Smoking Cessation and Training..

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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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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) K. Udeni	2. Surname (Last Name) Alwis	3. Date 21-December-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr. Lion Shahab
5. Manuscript Title Nicotine, carcinogen and toxicant exposure in long-term e-cigarette and nicotine replacement therapy users: a cross-sectional study		
6. Manuscript Identifying Number (if you know it) M16-1107		

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.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- Yes, the following relationships/conditions/circumstances are present (explain below):
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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Alwis 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) _____ Maciej

2. Surname (Last Name) _____ Goniewicz

3. Date _____ 21-December-2016

4. Are you the corresponding author? Yes No Corresponding Author's Name _____
Lion Shahab

5. Manuscript Title
Nicotine, carcinogen and toxicant exposure in long-term e-cigarette and nicotine replacement therapy users: a cross-sectional study

6. Manuscript Identifying Number (if you know it)
M16-1107

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.

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Pfizer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2011 Global Research Awards for Nicotine Dependence (GRAND)
Johnson and Johnson	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Member of Advisory Board

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Dr. Goniewicz reports grants from Pfizer, personal fees from Johnson and Johnson, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Ann	2. Surname (Last Name) McNeill	3. Date 23-December-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Lion Shahab
5. Manuscript Title Nicotine, carcinogen and toxicant exposure in long-term e-cigarette and nicotine replacement therapy users: a cross-sectional study		
6. Manuscript Identifying Number (if you know it) M16-1107		

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

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. McNeill 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)
Lion

2. Surname (Last Name)
Shahab

3. Date
29-December-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
Nicotine, carcinogen and toxicant exposure in long-term e-cigarette and nicotine replacement therapy users: a cross-sectional study

6. Manuscript Identifying Number (if you know it)
M16-1107

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Cancer Research UK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Pfizer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Atlantis Health Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Shahab reports grants from Cancer Research UK, during the conduct of the study; grants from Pfizer, personal fees from Atlantis Health Care, outside the submitted work; .

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