

## 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.

#### 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.

Use this section to report 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.

#### Definitions.

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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)<br>Salomeh   | 2. Surname (Last Name)<br>Keyhani                                   | 3. Date<br>17-October-2017                   |
| 4. Are you the corresponding author?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Divya Ravi MD |
| 5. Manuscript Title<br>The Cardiovascular Effects of Marijuana Use: A Systematic Review |   |  |
| 6. Manuscript Identifying Number (if you know it)<br>M17-1548                           |   |  |

### 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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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. Keyhani has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Divya

2. Surname (Last Name)  
Ravi

3. Date  
17-October-2017

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
The Cardiovascular Effects of Marijuana Use: A Systematic Review

6. Manuscript Identifying Number (if you know it)  
M17-1548

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

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

Dr. Ravi has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Deborah      2. Surname (Last Name) Korenstein      3. Date 17-October-2017

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name \_\_\_\_\_

5. Manuscript Title  
The Cardiovascular Effects of Marijuana Use: A Systematic Review

6. Manuscript Identifying Number (if you know it)  
M17-1548

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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  |
|-----------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|---|
| NIH/NCI                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cancer Center Support Grant to Memorial Sloan Kettering Cancer Center (award number P30 CA008748) |

### Section 3. Relevant financial activities outside the submitted work.

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Dr. Korenstein reports grants from NIH/NCI, during the conduct of the study; .

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

|   |   |                                     |
|---|---|-------------------------------------|
| 1. Given Name (First Name)<br>Thomas  | 2. Surname (Last Name)<br>Cascino                                   | 3. Date<br>17-October-2017          |
| 4. Are you the corresponding author?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Ravi |
| 5. Manuscript Title<br>The Cardiovascular Effects of Marijuana Use: A Systematic Review |   |                                     |
| 6. Manuscript Identifying Number (if you know it)                                       |   |                                     |

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Dr. Cascino has nothing to disclose.

### Evaluation and Feedback

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|   |   |   |
|---|---|---|
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| 4. Are you the corresponding author?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name<br>Divya Ravi |
| 5. Manuscript Title<br>The Cardiovascular Effects of Marijuana Use: A Systematic Review |   |   |
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Dr. Ghasemiesfe has nothing to disclose.

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