

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.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

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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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Entity: government agency, foundation, commercial sponsor, academic institution, etc.

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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

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) Michael

2. Surname (Last Name) Blaha

3. Date 11-August-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Electronic cigarette use among US adults without history of combustible cigarette smoking: Behavioral Risk Factor Surveillance System (BRFSS) 2016

6. Manuscript Identifying Number (if you know it)
M18-1826

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

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
FDA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NIH/NHLBI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AHA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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
Aetna Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Amgen Foundation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory Board
Sanofi	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory Board
Regeneron	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory Board
Novartis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory Board
Akcea	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory Board
MedImmune	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advisory Board
Novo Nordisk	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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

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Dr. Blaha reports grants from FDA, grants from NIH/NHLBI, grants from AHA, during the conduct of the study; grants from Aetna Foundation, grants and personal fees from Amgen Foundation, grants from Sanofi, grants from Regeneron, grants from Novartis, grants from Akcea, grants from MedImmune, grants from Novo Nordisk, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)
Sina

2. Surname (Last Name)
Kianoush

3. Date
20-August-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Michael J Blaha

5. Manuscript Title
Electronic cigarette use among US adults without history of combustible cigarette smoking: Behavioral Risk Factor Surveillance System (BRFSS) 2016

6. Manuscript Identifying Number (if you know it)
M18-1826

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Dr. Kianoush has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Olusola 2. Surname (Last Name) Orimoloye 3. Date 08-August-2018

4. Are you the corresponding author? Yes No Corresponding Author's Name
Michael J. Blaha MD MPH

5. Manuscript Title
Electronic cigarette use among US adults without history of combustible cigarette smoking: Behavioral Risk Factor Surveillance System (BRFSS) 2016

6. Manuscript Identifying Number (if you know it)

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
American Heart Association Tobacco Regulation and Addiction Center (A-TRAC), NIH (1 P50 HL120163-01)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Orimoloye reports grants from American Heart Association Tobacco Regulation and Addiction Center (A-TRAC), NIH(1 P50 HL120163-01), 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) Mohammadhassan	2. Surname (Last Name) Mirbolouk	3. Date 08-August-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Michael J Blaha
5. Manuscript Title Electronic cigarette use among US adults without history of combustible cigarette smoking: Behavioral Risk Factor Surveillance System (BRFSS) 2016		
6. Manuscript Identifying Number (if you know it) M18-1826		

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Dr. Mirbolouk has nothing to disclose.

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1. Given Name (First Name) paniz	2. Surname (Last Name) charkhchi	3. Date 08-August-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Electronic cigarette use among US adults without history of combustible cigarette smoking: Behavioral Risk Factor Surveillance System (BRFSS) 2016	_____	
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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.

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This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

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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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Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

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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)
Andrew

2. Surname (Last Name)
DeFilippis

3. Date
05-July-2017

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Patrick Trainor

5. Manuscript Title
Electronic cigarette use among US adults without history of combustible cigarette smoking: Behavioral Risk Factor Surveillance System (BRFSS) 2016

6. Manuscript Identifying Number (if you know it)
M18-1826

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
National Institute of General Medical Sciences (GM103492).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	University of Louisville -DeFilippis / Bhatnagar
National Institutes of Health, P50 HL 120163	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	University of Louisville -DeFilippis, Co-I
National Institutes of Health, 1R01HL122676-01A1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	University of Louisville -DeFilippis, Co-I

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Are there any relevant conflicts of interest? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

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. DeFilippis reports grants from the National Institute of General Medical Sciences (GM103492), National Institutes of Health, (P50 HL 120163), National Institutes of Health, (1R01HL122676-01A1).

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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) Emelia 2. Surname (Last Name) Benjamin 3. Date 31-August-2018

4. Are you the corresponding author? Yes No Corresponding Author's Name
Michael Blaha

5. Manuscript Title
Electronic cigarette use among US adults without history of combustible cigarette smoking: Behavioral Risk Factor Surveillance System (BRFSS) 2016

6. Manuscript Identifying Number (if you know it)
M18-1826

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

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
American Heart Association	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18SFRN34150007 07/01/2018-06/30/2023
NIH/NHLBI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R01HL128914 08/01/2015-05/31/2019
NIH/NHLBI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R01HL092577 04/01/2018-03/31/2022
Robert Wood Johnson Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10/01/2017-09/30/2020
American Heart Association/NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P50HL120163 09/01/2013-08/31/2018

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Are there any relevant conflicts of interest? Yes No

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American Heart Association	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Associate Editor of "Circulation" until 06/30/2016
NIH/NCBI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CARDIA OSMB

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Benjamin reports grants from American Heart Association, grants from NIH/NHLBI, grant from Robert Wood Johnson Foundation, grants from American Heart Association/NIH, during the conduct of the study; other from American Heart Association, other from NIH/NCBI, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name) Khurram	2. Surname (Last Name) Nasir	3. Date 11-September-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Michael Blaha
5. Manuscript Title Electronic cigarette use among US adults without history of combustible cigarette smoking: Behavioral Risk Factor Surveillance System (BRFSS) 2016		
6. Manuscript Identifying Number (if you know it)		

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Dr. Nasir 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)
Wasim

2. Surname (Last Name)
Maziak

3. Date
08-August-2018

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

5. Manuscript Title
Electronic cigarette use among US adults without history of combustible cigarette smoking: Behavioral Risk Factor Surveillance System (BRFSS) 2016

6. Manuscript Identifying Number (if you know it)
M18-1826

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Section 1. Identifying Information

1. Given Name (First Name) S M Iftekhhar	2. Surname (Last Name) Uddin	3. Date 11-September-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Michael J. Blaha
5. Manuscript Title Electronic cigarette use among US adults without history of combustible cigarette smoking: Behavioral Risk Factor Surveillance System (BRFSS) 2016		
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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
American Heart Association Tobacco Regulatory Center	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Funding number: 1P50HL120163

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Dr. Uddin reports grants from American Heart Association Tobacco Regulatory Center, during the conduct of the study; grants from American Heart Association Tobacco Regulatory Center, outside the submitted work; .

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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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Section 1. Identifying Information

1. Given Name (First Name) Rana	2. Surname (Last Name) Jaber	3. Date 14-September-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name _____
5. Manuscript Title Electronic cigarette use among US adults without history of combustible cigarette smoking: Behavioral Risk Factor Surveillance System (BRFSS) 2016"		
6. Manuscript Identifying Number (if you know it) M18-1826		

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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

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Dr. Jaber has nothing to disclose.

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1. Given Name (First Name)
Aruni

2. Surname (Last Name)
Bhatnagar

3. Date
28-June-2018

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Mohammadhassan Mirbolouk

5. Manuscript Title
Prevalence & Distribution of electronic cigarette use among U.S. adults: Behavioral Risk Factor Surveillance System (BRFSS) 2016

6. Manuscript Identifying Number (if you know it)
M17-3440

Section 2. The Work Under Consideration for Publication

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1. Given Name (First Name) Michael	2. Surname (Last Name) Hall	3. Date 28-August-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Michael Blaha
5. Manuscript Title Electronic cigarette use among US adults without history of combustible cigarette smoking: Behavioral Risk Factor Surveillance System (BRFSS) 2016		
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