

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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)
Mauro

2. Surname (Last Name)
García

3. Date
21-February-2017

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Horacio Zylbersztejn

5. Manuscript Title
Variación temporal del tabaquismo en médicos argentinos. Comparación entre los estudios TAMARA I (2004) y II (2013).

6. Manuscript Identifying Number (if you know it)

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Dr. García 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) Mariano	2. Surname (Last Name) Giorgi	3. Date 21-February-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Horacio Zylbersztejn
5. Manuscript Title Variación temporal del tabaquismo en médicos argentinos. Comparación entre los estudios TAMARA I (2004) y II (2013).		
6. Manuscript Identifying Number (if you know it) _____		

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Dr. Giorgi has nothing to disclose.

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1. Given Name (First Name)
Lorenzo

2. Surname (Last Name)
Lobo

3. Date
21-February-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Horacio Zylbersztejn

5. Manuscript Title

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1. Given Name (First Name)
Walter

2. Surname (Last Name)
Masson

3. Date
21-February-2017

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Horacio Zylbersztejn

5. Manuscript Title
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Dr. Masson has nothing to disclose.

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1. Given Name (First Name)
Horacio

2. Surname (Last Name)
Zylbersztejn

3. Date
21-February-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Variación temporal del tabaquismo en médicos argentinos. Comparación entre los estudios TAMARA I (2004) y II (2013).

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? Yes No

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1. Given Name (First Name)

Adriana

2. Surname (Last Name)

Angel

3. Date

21-February-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Horacio Zylbersztejn

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1. Given Name (First Name) Graciela	2. Surname (Last Name) Molinero	3. Date 21-February-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Horacio Zylbersztejn
5. Manuscript Title Variación temporal del tabaquismo en médicos argentinos. Comparación entre los estudios TAMARA I (2004) y II (2013).		
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