

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Carl

2. Surname (Last Name)
Lavie

3. Date
10-September-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Weighing in on obesity prevention and cardiovascular disease prognosis

6. Manuscript Identifying Number (if you know it)
JLPM-18-170

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Dr. Lavie has nothing to disclose.

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10-September-2018

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Yes

No

Corresponding Author's Name

Carl J. Lavie

5. Manuscript Title

Weighing in on obesity prevention and cardiovascular disease prognosis

6. Manuscript Identifying Number (if you know it)

JLPM-18-170

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Dr. has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Sergey	2. Surname (Last Name) Kachur	3. Date 10-September-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Carl J. Lavie
5. Manuscript Title Weighing in on obesity prevention and cardiovascular disease prognosis		
6. Manuscript Identifying Number (if you know it) JLPM-18-170		

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1. Given Name (First Name)
Salvatore

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Carbone

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10-September-2018

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Corresponding Author's Name
Carl J. Lavie

5. Manuscript Title
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