

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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.

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Section 1. Identifying Information

1. Given Name (First Name) Bruno 2. Surname (Last Name) Cabrita 3. Date 31-January-2021

4. Are you the corresponding author? Yes No

5. Manuscript Title
Follow-up loss in smoking cessation consultation: can we predict and prevent it?

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
D'Ar Saúde	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Article processing charge payment support

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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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Section 1. Identifying Information

1. Given Name (First Name)
Maria Antónia

2. Surname (Last Name)
Galego

3. Date
31-January-2021

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

5. Manuscript Title
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Section 1. Identifying Information

1. Given Name (First Name) Ana Luísa 2. Surname (Last Name) Fernandes 3. Date 31-January-2021

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

5. Manuscript Title Follow-up loss in smoking cessation consultation: can we predict and prevent it?

6. Manuscript Identifying Number (if you know it) _____

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1. Given Name (First Name)
Sara

2. Surname (Last Name)
Dias

3. Date
31-January-2021

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

5. Manuscript Title
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Bruno Cabrita

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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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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) Paula 2. Surname (Last Name) Simão 3. Date 31-January-2021

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

5. Manuscript Title
Follow-up loss in smoking cessation consultation: can we predict and prevent it?

6. Manuscript Identifying Number (if you know it)

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
D'Ar Saúde	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Article processing charge payment support

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

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Dr. Simão reports article processing charge payment support from D'Ar Saúde, during the conduct of the study; .

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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Jorge

2. Surname (Last Name)
Ferreira

3. Date
31-January-2021

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

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Dr. Ferreira reports article processing charge payment support from D'Ar Saúde, during the conduct of the study; .

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1. Given Name (First Name) Joana 2. Surname (Last Name) Amado 3. Date 31-January-2021

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

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