

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Alen	2. Surname (Last Name) Faiz	3. Date 12-December-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Simon D. Pouwels
5. Manuscript Title Age nor chronic smoke exposure affects serum sRAGE levels		
6. Manuscript Identifying Number (if you know it) Blue-201812-2257LE		

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Dr. Faiz has nothing to disclose.

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1. Given Name (First Name) Frank	2. Surname (Last Name) Klont	3. Date 12-December-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Simon D. Pouwels
5. Manuscript Title Age nor chronic smoke exposure affects serum sRAGE levels		
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1. Given Name (First Name) Marcel	2. Surname (Last Name) Kwiatkowski	3. Date 12-December-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Simon D. Pouwels
5. Manuscript Title Age nor chronic smoke exposure affects serum sRAGE levels		
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1. Given Name (First Name) Maarten	2. Surname (Last Name) van den Berge	3. Date 12-December-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Simon D. Pouwels
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1. Given Name (First Name) Nic H.T.	2. Surname (Last Name) ten Hacken	3. Date 12-December-2018
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1. Given Name (First Name) Péter	2. Surname (Last Name) Horvatovich	3. Date 12-December-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Simon D. Pouwels
5. Manuscript Title Age nor chronic smoke exposure affects serum sRAGE levels		
6. Manuscript Identifying Number (if you know it) Blue-201812-2257LE		

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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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. Horvatovich 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)

Rainer

2. Surname (Last Name)

Bischoff

3. Date

12-December-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Simon D. Pouwels

5. Manuscript Title

Age nor chronic smoke exposure affects serum sRAGE levels

6. Manuscript Identifying Number (if you know it)

Blue-201812-2257LE

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1. Given Name (First Name)
Simon D.

2. Surname (Last Name)
Pouwels

3. Date
12-December-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Age nor chronic smoke exposure affects serum sRAGE levels

6. Manuscript Identifying Number (if you know it)
Blue-201812-2257LE

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Section 1. Identifying Information

1. Given Name (First Name)
Valerie R.

2. Surname (Last Name)
Wiersma

3. Date
04-March-2019

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Simon D. Pouwels

5. Manuscript Title
Reply to: Acute and Chronic Effects of Cigarette Smoking on sRAGE

6. Manuscript Identifying Number (if you know it)
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