

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.

5. Relationships not covered above.

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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)
Bartolome

2. Surname (Last Name)
Celli

3. Date
28-May-2020

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

5. Manuscript Title
Smoking Pattern in Men and Women: A Possible Contributor to Gender Differences in COPD

6. Manuscript Identifying Number (if you know it)
Blue-202004-1472LE

Section 2. The Work Under Consideration for Publication

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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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Astra Zeneca	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Research site
GlaxoSmithKline	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting and scientific committee
Boehringer Ingelheim	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting
Sanofi-Aventis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting
Menarini	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting
Chiesi	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting
Pulmonx	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting



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Section 4. Intellectual Property -- Patents & Copyrights

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Section 6. Disclosure Statement

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Dr. Celli reports personal fees and other from Astra Zeneca, personal fees from GlaxoSmithKline, personal fees from Boehringer Ingelheim, personal fees from Novartis, personal fees from Sanofi Aventis and personal fess form Menarini other from outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Andrea

2. Surname (Last Name)
Aliverti

3. Date
28-May-2020

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

5. Manuscript Title
Smoking Pattern in Men and Women: A Possible Contributor to Gender Differences in COPD

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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? 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.

Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
Optoelectronic plethysmography	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	BTS Bioengineering, Italy	

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Dr. Aliverti reports In addition, Dr. Aliverti has a patent Optoelectronic plethysmography licensed to BTS Bioengineering, Italy.

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1. Given Name (First Name)
Antonio

2. Surname (Last Name)
Capuozzo

3. Date
28-May-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Francesca Polverino

5. Manuscript Title
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Dr. Capuozzo has no conflicts to disclose

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Section 1. Identifying Information

1. Given Name (First Name)
Gaetano

2. Surname (Last Name)
Cicchitto

3. Date
28-May-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Francesca Polverino

5. Manuscript Title
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Dr. Cicchitto has no conflicts to disclose

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1. Given Name (First Name)
Francesco

2. Surname (Last Name)
Ferrigno

3. Date
28-May-2020

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Yes No

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Immacolata	2. Surname (Last Name) Mauro	3. Date 28-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Francesca Polverino
5. Manuscript Title Smoking Pattern in Men and Women: A Possible Contributor to Gender Differences in COPD		
6. Manuscript Identifying Number (if you know it) Blue-202004-1472LE		

Section 2. The Work Under Consideration for Publication

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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Francesca

2. Surname (Last Name)
Polverino

3. Date
28-May-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Smoking Pattern in Men and Women: A Possible Contributor to Gender Differences in COPD

6. Manuscript Identifying Number (if you know it)
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1. Given Name (First Name) Mario	2. Surname (Last Name) Polverino	3. Date 28-May-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Francesca Polverino
5. Manuscript Title Smoking Pattern in Men and Women: A Possible Contributor to Gender Differences in COPD		
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Carlo

2. Surname (Last Name)
Santoriello

3. Date
28-May-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Francesca Polverino

5. Manuscript Title
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Emanuela

2. Surname (Last Name)
Sirignano

3. Date
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Corresponding Author's Name
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