ICMJE Form for Disclosure of Potential Conflicts of Interest

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)  
Germán

2. Surname (Last Name)  
Rodríguez Iglesias

3. Date  
24-February-2016

4. Are you the corresponding author?  
☑ Yes  ☐ No

5. Manuscript Title  
Estado de situación sobre aspectos fiscales y accesibilidad del tabaco en Argentina

6. Manuscript Identifying Number (if you know it)

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Dr. Rodríguez Iglesias has nothing to disclose.

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tbody>
<tr>
<td>Belén</td>
<td>Rios</td>
<td>24-February-2016</td>
</tr>
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4. Are you the corresponding author? [ ] Yes [ ] No

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<th>Corresponding Author’s Name</th>
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<tr>
<td>Germán Rodríguez Iglesias</td>
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</table>

5. Manuscript Title

Estado de situación sobre aspectos fiscales y accesibilidad del tabaco en Argentina

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### 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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### 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. Rios has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Cinthia
2. Surname (Last Name) Shammah
3. Date 24-February-2016
4. Are you the corresponding author? Yes ☑ No
5. Manuscript Title
   Estado de situación sobre aspectos fiscales y accesibilidad del tabaco en Argentina
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Veronica

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Schoj

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Germán Rodríguez Iglesias

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