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   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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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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.

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## Section 1. Identifying Information

| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date  |
|---------------------------|------------------------|---------|
| Maria Antónia            | Galego                 | 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?

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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.)? [ ] 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.

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## 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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) 
   Ana Luisa

2. Surname (Last Name) 
   Fernandes

3. Date 
   31-January-2021

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

5. Corresponding Author's Name 
   Bruno Cabrita

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

Section 2. The Work Under Consideration for Publication

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| D'Ar Saúde                  | ❏      | ❏              | ❏                      | ☑      | Article processing charge payment support |

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Sara
2. Surname (Last Name)  Dias
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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| D'Ar Saúde                  | ☐      | ☐             | ☐                      | ☑      | Article processing charge payment support |

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Sílvia

2. Surname (Last Name)  
   Correia

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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1. Identifying information.

2. The work under consideration for publication.
   
   This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking “No” means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check “Yes”.

3. Relevant financial activities outside the submitted work.
   
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   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.
   
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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

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
   - [x] 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? 

- [x] 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                  | [ ]    | [ ]            | [ ]                    | [x]    | Article processing charge payment support |

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- [ ] Yes
- [x] No

### Section 4. Intellectual Property -- Patents & Copyrights

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

- [ ] Yes
- [x] No
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Dr. Simão reports article processing charge payment support from D'Ar Saúde, during the conduct of the study.

Evaluation and Feedback

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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 ✔
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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Amado
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Joana
2. Surname (Last Name) Amado
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?
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| D'Ar Saúde                  | ☐      | ☐              | ☐                      | ☑      | Article processing charge payment support |

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