ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. **Identifying information.**

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4. **Intellectual Property.**

5. **Relationships not covered above.**
   
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- **Royalties:** Funds are coming in to you or your institution due to your patent
Section 1. Identifying Information

1. Given Name (First Name)  Toru
2. Surname (Last Name)  Arai
3. Date  16-May-2020
4. Are you the corresponding author?  No

Corresponding Author's Name  Yoshikazu Inoue

5. Manuscript Title  Seroradiologic prognostic evaluation of acute exacerbation in idiopathic interstitial pneumonias: a retrospective observational study

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

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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If yes, please fill out the appropriate information below.

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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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Section 6. Disclosure Statement

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Dr. Arai reports grants from National Hospital Organization, grants from Japan Agency for Medical Research and Development, during the conduct of the study; personal fees from Boehringer Ingelheim, personal fees from Shionogi and co. ltd, outside the submitted work.

Evaluation and Feedback

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**Section 1. Identifying Information**

1. Given Name (First Name)  
Masanori

2. Surname (Last Name)  
Akira

3. Date  
19-May-2020

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

Corresponding Author’s Name  
Yoshikazu Inoue

5. Manuscript Title  
Seroradiologic prognostic evaluation of acute exacerbation in idiopathic interstitial pneumonias: a retrospective observational study

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Dr. Akira has nothing to disclose.

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<tr>
<td>Chikatoshi</td>
<td>Sugimoto</td>
<td>19-May-2020</td>
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4. **Are you the corresponding author?**
   - [ ] Yes  ✔ No

5. **Manuscript Title**
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Dr. Sugimoto has nothing to disclose.

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1. Given Name (First Name)  
Kazunobu

2. Surname (Last Name)  
Tachibana

3. Date  
19-May-2020

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

Corresponding Author’s Name  
Yoshikazu Inoue

5. Manuscript Title  
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Dr. Tachibana has nothing to disclose.

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<tr>
<td>Yasushi</td>
<td>Inoue</td>
<td>19-May-2020</td>
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4. Are you the corresponding author? [ ] Yes [ ] No

Corresponding Author’s Name
Yoshikazu Inoue

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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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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) Sayoko
2. Surname (Last Name) Shintani
3. Date 19-May-2020
4. Are you the corresponding author? ☐ Yes ☑ No

Corresponding Author’s Name Yoshikazu Inoue

5. Manuscript Title Seroradiologic prognostic evaluation of acute exacerbation in idiopathic interstitial pneumonias: a retrospective observational study
6. Manuscript Identifying Number (if you know it)

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Dr. Shintani 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)  
   Tomohisa

2. Surname (Last Name)  
   Okuma

3. Date  
   16-May-2020

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

   Corresponding Author’s Name  
   Yoshikazu Inoue

5. Manuscript Title  
   Seroradiologic prognostic evaluation of acute exacerbation in idiopathic interstitial pneumonias: a retrospective observational study

6. Manuscript Identifying Number (if you know it)  
   JTD-20-911

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?  
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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. Okuma has nothing to disclose.

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<tbody>
<tr>
<td>Takahiko</td>
<td>Kasai</td>
<td>21-May-2020</td>
</tr>
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</table>

4. Are you the corresponding author? [ ] Yes [x] No

Corresponding Author's Name
Yoshikazu Inoue

5. Manuscript Title
Seroradiologic prognostic evaluation of acute exacerbation in idiopathic interstitial pneumonias: a retrospective observational study

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Dr. Kasai has nothing to disclose.

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<tr>
<td>Seiji</td>
<td>Hayashi</td>
<td>19-May-2020</td>
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4. Are you the corresponding author?  

- [ ] Yes  
- [x] No

5. Manuscript Title  
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1. Given Name (First Name)
   Yoshikazu

2. Surname (Last Name)
   Inoue

3. Date
   21-May-2020

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

5. Manuscript Title
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Inoue
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes  ✔ No

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Inoue reports grants from National Hospital Organization, grants from Japanese Ministry of Health, Labour, and Welfare, grants from Japan Agency for Medical Research and Development, during the conduct of the study; other from Boehringer Ingelheim, other from Shionogi and co. ltd, other from Asahi Kasei, outside the submitted work; .
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