

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Guilherme

2. Surname (Last Name)  
Watte

3. Date  
27-December-2018

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Surveillance of work-related and occupational respiratory disease study: efforts to better understand silicosis and to reduce workers' exposure

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

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Dr. Watte has nothing to disclose.

### 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)  
Guilherme

2. Surname (Last Name)  
Moreira-Hetzel

3. Date  
27-December-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Guilherme Watte

5. Manuscript Title

Surveillance of work-related and occupational respiratory disease study: efforts to better understand silicosis and to reduce workers' exposure

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Dr. Moreira-Hetzel has nothing to disclose.

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1. Given Name (First Name) Stephan	2. Surname (Last Name) Altmayer	3. Date 27-December-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Guilherme Watte
5. Manuscript Title Surveillance of work-related and occupational respiratory disease study: efforts to better understand silicosis and to reduce workers' exposure		
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Bruno

2. Surname (Last Name)  
Hochegger

3. Date  
27-December-2018

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Yes  No

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Guilherme Watte

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