

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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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)

Kathy Jane

2. Surname (Last Name)

Tripole

3. Date

12-May-2020

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

VATS Biopsy of an Adult with Pulmonary Langerhans Cell Histiocytosis; Case Report

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

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Section 4. Intellectual Property -- Patents & Copyrights

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Section 6.

Disclosure Statement

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Dr. Tripole 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) Jose Luis	2. Surname (Last Name) Danguilan	3. Date 12-May-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Kathy Jane S. Tripole
5. Manuscript Title VATS Biopsy of an Adult with Pulmonary Langerhans Cell Histiocytosis; Case Report		
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

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Dr. Danguilan has nothing to disclose.

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1. Given Name (First Name) Jaime	2. Surname (Last Name) Mendoza	3. Date 12-May-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Kathy Jane S. Tripole
5. Manuscript Title VATS Biopsy of an Adult with Pulmonary Langerhans Cell Histiocytosis; Case Report		
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Dr. Mendoza has nothing to disclose.

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