

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)
HIROMASA

2. Surname (Last Name)
ARAI

3. Date
08-February-2021

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

5. Manuscript Title
A spectrum of Thymic MALT lymphoma and Thymic amyloidosis in the patient with Auto immune diseases

6. Manuscript Identifying Number (if you know it)
MED-20-68-CL

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4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name HIROMASA ARAI
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1. Given Name (First Name) NORITAKE	2. Surname (Last Name) KIKUNISHI	3. Date 08-February-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name HIROMASA ARAI
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Dr. KIKUNISHI 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)
YOSHIHIRO

2. Surname (Last Name)
ISHIKAWA

3. Date
08-February-2021

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
HIROMASA ARAI

5. Manuscript Title
A spectrum of Thymic MALT lymphoma and Thymic amyloidosis in the patient with Auto immune diseases

6. Manuscript Identifying Number (if you know it)
MED-20-68-CL

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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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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Dr. ISHIKAWA has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) SATOSHI	2. Surname (Last Name) IKEDA	3. Date 08-February-2021
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name HIROMASA ARAI
5. Manuscript Title A spectrum of Thymic MALT lymphoma and Thymic amyloidosis in the patient with Auto immune diseases		
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) AKIMASA	2. Surname (Last Name) SEKINE	3. Date 08-February-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name HIROMASA ARAI
5. Manuscript Title A spectrum of Thymic MALT lymphoma and Thymic amyloidosis in the patient with Auto immune diseases		
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Dr. SEKINE 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) KOJI	2. Surname (Last Name) OKUDELA	3. Date 08-February-2021
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name HIROMASA ARAI
5. Manuscript Title A spectrum of Thymic MALT lymphoma and Thymic amyloidosis in the patient with Auto immune diseases		
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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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Dr. OKUDELA has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) TAE	2. Surname (Last Name) IWASAWA	3. Date 08-February-2021
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name HIROMASA ARAI
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

MUNETAKA

2. Surname (Last Name)

MASUDA

3. Date

08-February-2021

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

HIROMASA ARAI

5. Manuscript Title

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- ☒ No other relationships/conditions/circumstances that present a potential conflict of interest

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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. MASUDA has nothing to disclose.

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