

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) Remi	2. Surname (Last Name) Yoneyama	3. Date 19-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hisashi Saji
5. Manuscript Title Lung cancer and obstructive lung disease in never smokers		
6. Manuscript Identifying Number (if you know it) JTD-2020-11		

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Section 1. Identifying Information

1. Given Name (First Name)
HISASHI

2. Surname (Last Name)
SAJI

3. Date
19-March-2020

4. Are you the corresponding author? Yes No

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Norihiko

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Ikeda

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Corresponding Author's Name
Hisashi Saji

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