

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.

1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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Other: Anything not covered under the previous three boxes

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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) Toru	2. Surname (Last Name) Arai	3. Date 16-May-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

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

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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
National Hospital Organization	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	partially supported
Japan Agency for Medical Research and Development	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	partially supported

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Boehringer Ingelheim	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	lecture fee
Shionogi and co. ltd	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	lecture fee

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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; .

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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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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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Section 1. Identifying Information

1. Given Name (First Name) Chikatoshi	2. Surname (Last Name) Sugimoto	3. Date 19-May-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. Sugimoto has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Kazunobu	2. Surname (Last Name) Tachibana	3. Date 19-May-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. Tachibana has nothing to disclose.

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1. Given Name (First Name) Yasushi	2. Surname (Last Name) Inoue	3. Date 19-May-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Yoshikazu Inoue
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4. Intellectual Property.

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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) Sayoko	2. Surname (Last Name) Shintani	3. Date 19-May-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

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

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 3. Relevant financial activities outside the submitted work.

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Okuma has nothing to disclose.

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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) Takahiko	2. Surname (Last Name) Kasai	3. Date 21-May-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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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Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 3. Relevant financial activities outside the submitted work.

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Kasai has nothing to disclose.

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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) Seiji	2. Surname (Last Name) Hayashi	3. Date 19-May-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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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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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Hayashi 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) Yoshikazu	2. Surname (Last Name) Inoue	3. Date 21-May-2020
4. Are you the corresponding author? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
5. Manuscript Title Seroradiologic prognostic evaluation of acute exacerbation in idiopathic interstitial pneumonias: a retrospective observational study		
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Are there any relevant conflicts of interest? ☒ Yes ☐ No

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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
National Hospital Organization	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	partially supported
Japanese Ministry of Health, Labour , and Welfare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	partially supported
Japan Agency for Medical Research and Development	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	partially supported

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Are there any relevant conflicts of interest? ☒ Yes ☐ No

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Boehringer Ingelheim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Advisor and steering committee of clinical trial, and lecture fee
Shionogi and co. ltd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Advisor of clinical trial, and lecture fee
Asahi Kasei	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Advisor of clinical trial

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

Section 5. Relationships not covered above

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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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