

ICMJE DISCLOSURE FORM

Date: Feb 13th 2023

Your Name: Michael Brown

Manuscript Title: First Asia-Pacific Experience of Trans-Bronchial Core Biopsy with a Franseen Needle

Manuscript number (if known): JTD-22-1747-CL _____

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<u> </u> X <u> </u> None	
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2	Grants or contracts from any entity (if not indicated in item #1 above).	<u> </u> X <u> </u> None	
3	Royalties or licenses	<u> </u> X <u> </u> None	
4	Consulting fees	<u> </u> X <u> </u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

No conflicts of interest

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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Date: Feb 13th 2023

Your Name: Katherine Lavrencic

Manuscript Title: First Asia-Pacific Experience of Trans-Bronchial Core Biopsy with a Franseen Needle

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Date: Feb 13th 2023

Your Name: Arash Badiei

Manuscript Title: First Asia-Pacific Experience of Trans-Bronchial Core Biopsy with a Franseen Needle

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Date: Feb 13th 2023

Your Name: Hubertus Jersmann

Manuscript Title: First Asia-Pacific Experience of Trans-Bronchial Core Biopsy with a Franseen Needle

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Date: Feb 13th 2023

Your Name: Andrew Fon

Manuscript Title: First Asia-Pacific Experience of Trans-Bronchial Core Biopsy with a Franseen Needle

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Date: Feb 13th 2023

Your Name: Sean Chang

Manuscript Title: First Asia-Pacific Experience of Trans-Bronchial Core Biopsy with a Franseen Needle

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Date: Feb 13th 2023

Your Name: Phan Nguyen

Manuscript Title: First Asia-Pacific Experience of Trans-Bronchial Core Biopsy with a Franseen Needle

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3	Royalties or licenses	<u> </u> <input checked="" type="checkbox"/> <u> </u> None	

4	Consulting fees	Olympus Medical Corporation Australia	Phan Nguyen has had consultancy fees from Olympus Medical Corporation Australia not relating to contents of this manuscript.
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Boston Scientific Australia	Phan Nguyen has had presentation fees from Boston Scientific Australia relating to the content of this manuscript
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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