

## ICMJE DISCLOSURE FORM

Date: March 16, 2023

Your Name: Takashi Hirama

Manuscript Title: Roles of Respiriologists in Lung Transplantation in Japan

Manuscript number (if known): JTD-22-1716

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.

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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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	Takashi Hirama	Grant-in-Aid for Scientific Research C from the Japan Society for the Promotion of Science (No. 23K08287)
		Takashi Hirama	Takeda Science Foundation (The visionary research 2021)
		Takashi Hirama	the Cooperative Research Project Program of Joint Usage/Research Center at the Institute of Development, Aging and Cancer, Tohoku University (2022-11).
		Takashi Hirama	Tokyo-Hokenkai Byotai-Seiri Laboratory (Clinical Research Grant 2022)
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	___None	
3	Royalties or licenses	___None	
4	Consulting fees	___None	

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

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

Dr. TH reports receiving support from Grant-in-Aid for Scientific Research C from the Japan Society for the Promotion of Science (No. 23K08287), Takeda Science Foundation (The visionary research 2021), Tokyo-Hokenkai Byotai-Seiri Laboratory (Clinical Research Grant 2022) and the Cooperative Research Project Program of Joint Usage/Research Center at the Institute of Development, Aging and Cancer, Tohoku University (2022-11).

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.

## ICMJE DISCLOSURE FORM

Date: March 16, 2023

Your Name: Yoshinori Okada

Manuscript Title: Roles of Respiriologists in Lung Transplantation in Japan

Manuscript number (if known): JTD-22-1716

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<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	____ None	
3	Royalties or licenses	____ None	
4	Consulting fees	____ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus,	____ None	

	manuscript writing or educational events		
6	Payment for expert testimony	<u>    </u> None	
7	Support for attending meetings and/or travel	<u>    </u> None	
8	Patents planned, issued or pending	<u>    </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>    </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u>    </u> None	
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13	Other financial or non-financial interests	<u>    </u> None	

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

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