

ICMJE DISCLOSURE FORM

Date: 12/4/2023

Your Name: Shota Kaburaki

Manuscript Title: Compatible with fibrotic hypersensitivity pneumonitis on high-resolution CT: From the ATS/JRS/ ALAT 2020 HP guideline

Manuscript number (if known): _____

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

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Date: 12/4/2023

Your Name: Ryo Okuda

Manuscript Title: Compatible with fibrotic hypersensitivity pneumonitis on high-resolution CT: From the ATS/JRS/ ALAT 2020 HP guideline

Manuscript number (if known): _____

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Date: 12/4/2023

Your Name: Tamiko Takemura

Manuscript Title: Compatible with fibrotic hypersensitivity pneumonitis on high-resolution CT: From the ATS/JRS/ ALAT 2020 HP guideline

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Date: 12/4/2023

Your Name: Eri Hagiwara

Manuscript Title: Compatible with fibrotic hypersensitivity pneumonitis on high-resolution CT: From the ATS/JRS/ ALAT 2020 HP guideline

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Date: 12/4/2023

Your Name: Masahiro Seike

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Date: 12/4/2023

Your Name: Akihiko Gemma

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