

ICMJJE DISCLOSURE FORM

Date: 31/05/2023

Your Name: Asuka Uebayashi

Manuscript Title: Rupture of thymoma due to recurrent tumor hemorrhage: A case report

Manuscript number (if known): ACR-23-44

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.	<input checked="" type="checkbox"/> None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
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6	Payment for expert testimony	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	
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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> X <input type="checkbox"/> None	
11	Stock or stock options	<input type="checkbox"/> X <input type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> X <input type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> X <input type="checkbox"/> None	

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

None

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.

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Date: 31/05/2023
 Your Name: Toshinari Ema
 Manuscript Title: Rupture of thymoma due to recurrent tumor hemorrhage: A case report
 Manuscript number (if known): ACR-23-44

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Date: 31/05/2023

Your Name: Hiroaki Oiwa

Manuscript Title: Rupture of thymoma due to recurrent tumor hemorrhage: A case report

Manuscript number (if known): ACR-23-44

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Date: 31/05/2023
 Your Name: Kazuyo Yasuda
 Manuscript Title: Rupture of thymoma due to recurrent tumor hemorrhage: A case report
 Manuscript number (if known): ACR-23-44

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Date: 31/05/2023
 Your Name: Osamu Matubara
 Manuscript Title: Rupture of thymoma due to recurrent tumor hemorrhage: A case report
 Manuscript number (if known): ACR-23-44

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Date: 31/05/2023
 Your Name: Kazuhito Funai
 Manuscript Title: Rupture of thymoma due to recurrent tumor hemorrhage: A case report
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