ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Kohei
2. Surname (Last Name)    Shikano
3. Date                    30-March-2020

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name
Terada Jiro

5. Manuscript Title
Feasibility and Accuracy of Rapid On-Site Evaluation of Touch Imprint Cytology During Transbronchial Biopsy

6. Manuscript Identifying Number (if you know it)
JTD-20-671

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Dr. Shikano has nothing to disclose.

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1. Given Name (First Name)  
   Tsukasa

2. Surname (Last Name)  
   Ishiwata

3. Date  
   30-March-2020

4. Are you the corresponding author?  
   Yes  ✔  No

   Corresponding Author’s Name
   Terada Jiro

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
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Saegusa 1
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Section 1. Identifying Information

1. Given Name (First Name)
   Fumie

2. Surname (Last Name)
   Saegusa

3. Date
   30-March-2020

4. Are you the corresponding author? [ ] Yes [x] No

Corresponding Author’s Name
Terada Jiro

5. Manuscript Title
Feasibility and Accuracy of Rapid On-Site Evaluation of Touch Imprint Cytology During Transbronchial Biopsy

6. Manuscript Identifying Number (if you know it)
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CT. Saegusa has nothing to disclose.

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1. Given Name (First Name)
   Jiro

2. Surname (Last Name)
   Terada

3. Date
   30-March-2020

4. Are you the corresponding author?
   ✔ Yes   ☐ No

5. Manuscript Title
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   Masashi

2. Surname (Last Name)  
   Sakayori

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   30-March-2020

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   Yes   ✔   No

   Corresponding Author's Name  
   Terada Jiro

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Dr. Sakayori has nothing to disclose.

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**Pending**: The patent has been filed but not issued

**Issued**: The patent has been issued by the agency

**Licensed**: The patent has been licensed to an entity, whether earning royalties or not

**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) Mitsuhiro
2. Surname (Last Name) Abe
3. Date 30-March-2020
4. Are you the corresponding author? Yes No ✔
   Corresponding Author’s Name Terada Jiro
5. Manuscript Title
   Feasibility and Accuracy of Rapid On-Site Evaluation of Touch Imprint Cytology During Transbronchial Biopsy
6. Manuscript Identifying Number (if you know it)
   JTD-20-671

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

Section 5.

**Relationships not covered above**

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

☐ Yes, the following relationships/conditions/circumstances are present (explain below):

☑ No other relationships/conditions/circumstances that present a potential conflict of interest

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Section 6.

**Disclosure Statement**

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Abe has nothing to disclose.

Evaluation and Feedback

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

| 1. Given Name (First Name) | Takeshi |
|-----------------------------|---------|
| 2. Surname (Last Name)     | Kawasaki |
| 3. Date                     | 30-March-2020 |
| 4. Are you the corresponding author? | Yes [x] No |

**Corresponding Author’s Name**

Terada Jiro

**5. Manuscript Title**

Feasibility and Accuracy of of Rapid On-Site Evaluation of Touch Imprint Cytology During Transbronchial Biopsy

**6. Manuscript Identifying Number (if you know it)**

JTD-20-671

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  [x] Yes  No

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  [x] Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  [x] Yes  No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

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Dr. Kawasaki 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)  Jun
2. Surname (Last Name)  Ikari
3. Date  30-March-2020
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Terada Jiro
5. Manuscript Title  Feasibility and Accuracy of of Rapid On-Site Evaluation of Touch Imprint Cytology During Transbronchial Biopsy
6. Manuscript Identifying Number (if you know it)  JTD-20-671

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

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Section 4. Intellectual Property -- Patents & Copyrights
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Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent
Section 1. Identifying Information

1. Given Name (First Name)  
Naoko

2. Surname (Last Name)  
Kawata

3. Date  
30-March-2020

4. Are you the corresponding author?  
☑ No

Corresponding Author’s Name  
Terada Jiro

5. Manuscript Title  
Feasibility and Accuracy of Rapid On-Site Evaluation of Touch Imprint Cytology During Transbronchial Biopsy

6. Manuscript Identifying Number (if you know it)  
JTD-20-671

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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3. Relevant financial activities outside the submitted work.
4. Intellectual Property.
5. Relationships not covered above.

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Relationships not covered above.

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---

Tada
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Yuji
2. Surname (Last Name) Tada
3. Date 30-March-2020
4. Are you the corresponding author? ☐ Yes ☑ No
5. Manuscript Title
Feasibility and Accuracy of Rapid On-Site Evaluation of Touch Imprint Cytology During Transbronchial Biopsy
6. Manuscript Identifying Number (if you know it) JTD-20-671

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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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Koichiro
2. Surname (Last Name)  Tatsumi
3. Date  30-March-2020
4. Are you the corresponding author?  ☑ No
5. Manuscript Title
   Feasibility and Accuracy of Rapid On-Site Evaluation of Touch Imprint Cytology During Transbronchial Biopsy
6. Manuscript Identifying Number (if you know it)
   JTD-20-671

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Are there any relevant conflicts of interest?  ☑ No

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Prof. Tatsumi has nothing to disclose.

Evaluation and Feedback

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