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) REGINA
2. Surname (Last Name) ALEKSONIENE
3. Date 08-July-2020
4. Are you the corresponding author? ✔ Yes ☐ No

5. Manuscript Title CD31+, CD38+, CD44+, and CD103+ cells in peripheral blood, bronchoalveolar lavage fluid and lung biopsy tissue in sarcoid patients and controls
6. Manuscript Identifying Number (if you know it)

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Dr. ALEKSONIENE has nothing to disclose.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   Justinas

2. Surname (Last Name)  
   Besusparis

3. Date  
   09-July-2020

4. Are you the corresponding author?  
   Yes ☑

Corresponding Author’s Name  
Regina Aleksonienë

5. Manuscript Title  
   CD31+, CD38+, CD44+, and CD103+ cells in peripheral blood, bronchoalveolar lavage fluid and lung biopsy tissue in sarcoid patients and controls

6. Manuscript Identifying Number (if you know it)  
   JTD-20-2396

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Are there any relevant conflicts of interest?  
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   Yes ☐  No ☑

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Dr. Besusparis has nothing to disclose.

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| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date |
|-----------------------------|------------------------|---------|
| Vygantas                   | Gruslys                | 09-July-2020 |

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

Corresponding Author's Name
Regina Aleksoniené

5. Manuscript Title
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Dr. Gruslys has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Laimutė

2. Surname (Last Name)  
   Jurgauskienė

3. Date  
   09-July-2020

4. Are you the corresponding author?  
   No

5. Manuscript Title  
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Dr. Jurgauskienė has nothing to disclose.

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|-----------------------------|------------------------|---------|
| Aida                       | Laurinavičienė         | 09-July-2020 |

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

Corresponding Author’s Name: Regina Aleksonienė

5. Manuscript Title: CD31+, CD38+, CD44+, and CD103+ cells in peripheral blood, bronchoalveolar lavage fluid and lung biopsy tissue in sarcoid patients and controls

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Dr. Laurinavičienė 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)**
   - Arvydas

2. **Surname (Last Name)**
   - Laurinavičius

3. **Date**
   - 09-July-2020

4. **Are you the corresponding author?**
   - Yes

5. **Manuscript Title**
   - CD31+, CD38+, CD44+, and CD103+ cells in peripheral blood, bronchoalveolar lavage fluid and lung biopsy tissue in sarcoid patients and controls

6. **Manuscript Identifying Number (if you know it)**
   - JTD-20-2396

## 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.

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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?  
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- No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 6. Disclosure Statement

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Dr. Laurinavičius has nothing to disclose.

### Evaluation and Feedback

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Malickaité
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Radvilė

2. Surname (Last Name)  
   Malickaitė

3. Date  
   09-July-2020

4. Are you the corresponding author?  
   Yes ☒ No

Corresponding Author’s Name  
   Regina Aleksonienė

5. Manuscript Title
   CD31+, CD38+, CD44+, and CD103+ cells in peripheral blood, bronchoalveolar lavage fluid and lung biopsy tissue in sarcoid patients and controls

6. Manuscript Identifying Number (if you know it)  
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Are there any relevant conflicts of interest?  
   Yes ☐ No

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Dr. Malickaitė has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Jolita

2. Surname (Last Name)  
   Norkūnienė

3. Date  
   09-July-2020

4. Are you the corresponding author?  
   ✔ No

5. Manuscript Title  
   CD31+, CD38+, CD44+, and CD103+ cells in peripheral blood, bronchoalveolar lavage fluid and lung biopsy tissue in sarcoid patients and controls

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Dr. Norkūnienė has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Rolandas
   2. Surname (Last Name)  Zablockis
   3. Date  09-July-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title
   CD31+, CD38+, CD44+, and CD103+ cells in peripheral blood, bronchoalveolar lavage fluid and lung biopsy tissue in sarcoid patients and controls

6. Manuscript Identifying Number (if you know it)
   JTD-20-2396

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Dr. Zablockis has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)
   Edvardas

2. Surname (Last Name)
   Žurauskas

3. Date
   09-July-2020

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

**Corresponding Author’s Name**
Regina Aleksonienė

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Dr. Žurauskas has nothing to disclose.

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**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

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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)**
   Edvardas

2. **Surname (Last Name)**
   Danila

3. **Date**
   09-July-2020

4. **Are you the corresponding author?**
   ✔ No

5. **Manuscript Title**
   CD31+, CD38+, CD44+, and CD103+ cells in peripheral blood, bronchoalveolar lavage fluid and lung biopsy tissue in sarcoid patients and controls

6. **Manuscript Identifying Number (if you know it)**
   JTD-20-2396

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## 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? ✔ No

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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? ✔ No

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

Dr. Danila has nothing to disclose.

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