

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

| | | |
|--|----------------------------------|--------------------------|
| 1. Given Name (First Name) Nobuhiro | 2. Surname (Last Name) Kanaji | 3. Date 11-April-2019 |
| 4. Are you the corresponding author? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 5. Manuscript Title Characteristics of multiple nodules in a patient with pulmonary Langerhans cell histiocytosis | | |
| 6. Manuscript Identifying Number (if you know it) 48249 | | |

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

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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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Dr. Kanaji has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Yoshimasa
 2. Surname (Last Name) Tokunaga
 3. Date 11-April-2019

4. Are you the corresponding author? Yes No
 Corresponding Author's Name
 Nobuhiro Kanaji

5. Manuscript Title
 Characteristics of multiple nodules in a patient with pulmonary Langerhans cell histiocytosis

6. Manuscript Identifying Number (if you know it)
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Dr. Tokunaga has nothing to disclose.

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1. Given Name (First Name) _____
Ryou

2. Surname (Last Name) _____
Ishikawa

3. Date _____
11-April-2019

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Nobuhiro Kanaji

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Dr. Ishikawa has nothing to disclose.

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| | | |
|--|------------------------------------|--|
| 1. Given Name (First Name) Naoki | 2. Surname (Last Name) Watanabe | 3. Date 11-April-2019 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Corresponding Author's Name Nobuhiro Kanaji |
| 5. Manuscript Title Characteristics of multiple nodules in a patient with pulmonary Langerhans cell histiocytosis | | |
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Dr. Watanabe has nothing to disclose.

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| | | |
|--|------------------------------------|--------------------------|
| 1. Given Name (First Name) Norimitsu | 2. Surname (Last Name) Kadowaki | 3. Date 11-April-2019 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| Corresponding Author's Name Nobuhiro Kanaji | | |
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