

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
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4. Are you the corresponding author? ☒ Yes ☐ 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?

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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

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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
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Nobuhiro Kanaji

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Dr. Ishikawa has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Naoki

2. Surname (Last Name)
Watanabe

3. Date
11-April-2019

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

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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
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Nobuhiro Kanaji

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Dr. Kadowaki has nothing to disclose.

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