ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.
2. The work under consideration for publication.
3. Relevant financial activities outside the submitted work.
5. Relationships not covered above.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.
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Pending: The patent has been filed but not issued
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Royalties: Funds are coming in to you or your institution due to your patent

Okada
ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. **Given Name (First Name)**
   - Yoshinori

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

3. **Date**
   - 17-April-2020

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

5. **Manuscript Title**
   - Current status of lung transplantation in Japan- Report from Japanese lung transplant registry

6. **Manuscript Identifying Number (if you know it)**
   - JOVS-2019-JACS-12(JOVS-20-49)

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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 ✔
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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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- [x] No other relationships/conditions/circumstances that present a potential conflict of interest

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**Section 6. Disclosure Statement**

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Dr. Okada has nothing to disclose.

**Evaluation and Feedback**

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Masayuki
2. Surname (Last Name)  Chida
3. Date  17-April-2020
4. Are you the corresponding author?  Yes ✗ No

   Corresponding Author’s Name
   Yoshinori Okada

5. Manuscript Title
   Current status of lung transplantation in Japan- Report from Japanese lung transplant registry

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. Chida 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)  
June

2. Surname (Last Name)  
Nakajima

3. Date  
20-April-2020

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

Corresponding Author’s Name  
Yoshinori Okada

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
JOVS-2019-JACS-12(JOVS-20-49)

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☐ No

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Dr. Nakajima 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)**
   Ichiro
2. **Surname (Last Name)**
   Yoshino
3. **Date**
   20-April-2020
4. **Are you the corresponding author?**
   - Yes
   - **No**
   - **✔**
5. **Corresponding Author’s Name**
   Yoshinori Okada

**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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Dr. Yoshino has nothing to disclose.

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Yasushi</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Shintani</td>
</tr>
<tr>
<td>3. Date</td>
<td>17-April-2020</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>☑ No</td>
</tr>
<tr>
<td>Corresponding Author’s Name</td>
<td>Yoshinori Okada</td>
</tr>
</tbody>
</table>

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Dr. Shintani 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)  
   Takahiro

2. Surname (Last Name)  
   Oto

3. Date  
   17-April-2020

4. Are you the corresponding author?  
   Yes  No

   Corresponding Author’s Name  
   Yoshinori Okada

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Are there any relevant conflicts of interest?  
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2. Surname (Last Name)  Shiraishi
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4. Are you the corresponding author?  ☑ No
   Corresponding Author’s Name  Yoshinori Okada

5. Manuscript Title
   Current status of lung transplantation in Japan- Report from Japanese lung transplant registry

6. Manuscript Identifying Number (if you know it)
   JOVS-2019-JACS-12(JOVS-20-49)

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1. Given Name (First Name)  
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2. Surname (Last Name)  
   Nagayasu

3. Date  
   20-April-2020

4. Are you the corresponding author?  
   ✔ No

   Corresponding Author’s Name  
   Yoshinori Okada

5. Manuscript Title  
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   Corresponding Author’s Name Yoshinori Okada
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