Date: 04/06/2024

Your Name: Karina Portillo

Manuscript Title: Rare Interstitial Lung Diseases: A Narrative Review

Manuscript number (if known): JTD-24-450-CL

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution) planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
	o lii c		
4	Consulting fees	XNone	

5	Payment or honoraria for	X None	
,	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert testimony	XNone	
7	Support for attending	X None	
,	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X_None	
	financial interests		
Ple	ase summarize the above co	onflict of interest in the followers	owing box:
	None		

Date: 04/06/2024

Your Name: Blanca Urrutia-Royo

Manuscript Title: Rare Interstitial Lung Diseases: A Narrative Review

Manuscript number (if known): JTD-24-450-CL

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	o lii c		
4	Consulting fees	XNone	

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,	lectures, presentations,		
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	educational events		
6	Payment for expert testimony	XNone	
7	Support for attending	X None	
,	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	X None	
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11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	X_None	
	financial interests		
Ple	ase summarize the above co	onflict of interest in the followers	owing box:
	None		

Date: 04.06.2024

Your Name: Antoni Marin Muñiz

Manuscript Title: Rare Interstitial Lung Diseases: A Narrative Review

Manuscript number (if known): JTD-24-450-CL

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4	Consulting fees	XNone	

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	lectures, presentations,		
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11	Stock or stock options	XNone	
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	writing, gifts or other		
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13	Other financial or non-	XNone	
	financial interests		
Plea	ise summarize the above co	ntiict of interest in the fol	iowing box:
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Date: 04.06.2024

Your Name: Laura Rodriguez Pons

Manuscript Title: Rare Interstitial Lung Diseases: A Narrative Review

Manuscript number (if known): JTD-24-450-CL

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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Date: 02.06.2024

Your Name: Paloma Millán Billi

Manuscript Title: Rare Interstitial Lung Diseases: A Narrative Review

Manuscript number (if known): JTD-24-450-CL

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	X None	
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7	Support for attending	V	
′	meetings and/or travel	XNone	
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8	Patents planned, issued or	X None	
	pending		
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9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	O Leadership or fiduciary role in other board, society, committee or advocacy	X None	
	group, paid or unpaid		
11	Stock or stock options	X None	
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12	Descipt of actions and		
12	Receipt of equipment,	XNone	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Plea	se summarize the above co	nflict of interest in the fol	lowing box:
			<u> </u>
N	lone.		
'	ione.		

Date: June 3rd, 2024 Your Name: Antoni ROSELL

Manuscript Title: "Rare Interstitial Lung Diseases: A Narrative Review"

Manuscript number (if known): JTD-24-450-CL

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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3	Royalties or licenses	X_None	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	XNone			
	testimony				
7	Support for attending meetings and/or travel	XNone			
	σ ,				
8	Patents planned, issued or	X None			
	pending				
9	Participation on a Data	X None			
	Safety Monitoring Board or				
	Advisory Board				
10	Leadership or fiduciary role	XNone			
	in other board, society,				
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	group, paid or unpaid				
11	Stock or stock options	XNone			
12	Receipt of equipment,	X_None			
	materials, drugs, medical				
	writing, gifts or other				
	services				
13	Other financial or non-	XNone			
	financial interests				
Plea	Please summarize the above conflict of interest in the following box:				

None.

Date: 02.06.2024

Your Name: Onofre Moran-Mendoza

Manuscript Title: Rare Interstitial Lung Diseases: A Narrative Review

Manuscript number (if known): JTD-24-450-CL

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	manuscript writing or				
	educational events				
6	Payment for expert	XNone			
	testimony				
7	Support for attending	XNone			
	meetings and/or travel				
8	Patents planned, issued or	X None			
	pending				
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9	Participation on a Data	X None			
,	Safety Monitoring Board or	XNone			
	Advisory Board				
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10	Leadership or fiduciary role in other board, society,	_XNone			
	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	X None			
	occon or occon options				
12	Receipt of equipment, materials, drugs, medical	V Name			
12		XNone			
	writing, gifts or other				
	services				
13	Other financial or non-	XNone			
	financial interests	XNone			
Please summarize the above conflict of interest in the following box:					
None.					