

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.

Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

Relationships not covered above.

Use this section to report 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.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

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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.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent



Identifying Information

Section 1.

ICMJE Form for Disclosure of Potential Conflicts of Interest

Given Name (First Name) Luca	2. Surname (Last Nar Richeldi	me)		3. Date 20-January-2019	
4. Are you the corresponding author?	✓ Yes No				
5. Manuscript Title Subclinical interstitial lung abnormalitie	s; lumping and splitt	ing revisited.			
6. Manuscript Identifying Number (if you kn	ow it)				
Section 2. The Work Under Co	onsideration for P	ublication			
Did you or your institution at any time recei any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grar				c.) for
Section 3. Relevant financial	activities outside	the submitted	work.		
Place a check in the appropriate boxes in of compensation) with entities as descri clicking the "Add +" box. You should rep Are there any relevant conflicts of intere If yes, please fill out the appropriate info	bed in the instruction port relationships that st? Yes	ns. Use one line fo	r each entit	y; add as many lines as you need	d by
Name of Entity	Grant? Personal Fees?	Non-Financial Support?	Other?	Comments	
Sanofi-Aventis			Со	nsulting activity	
Roche			Me	ember of advisory board	
ImmuneWorks			Со	nsulting activity	
Boehringer Ingelheim			Me	ember of Steering Committee	
Celgene			Со	nsulting activity	
Nitto			Со	nsulting activity	
Fibrogen			Me	ember of advisory board	
Promedior			Me	ember of advisory board	



Name of Entity	Grant	ersonal Fees	Non-Financial Support?	Other?	Comments	
Bristol Myers Squibb		√	Баррогс		Consulting activity	
DynaMed		✓			Editorial activity	
•						
Section 4. Intellectual Propert	y Patent	ts & Cop	pyrights			
Do you have any patents, whether plann	ed, pending	g or issue	ed, broadly releva	nt to the	work? Yes 🗸 No	
Section 5. Relationships not c	overed ab	ove				
Are there other relationships or activities potentially influencing, what you wrote in Yes, the following relationships/conditions/cir No other relationships/conditions/cir At the time of manuscript acceptance, jo On occasion, journals may ask authors to	n the submi itions/circu cumstances urnals will a	mstance	rk? es are present (expessent a potential of ers to confirm and	olain belc conflict o l, if neces	ow): f interest sary, update their disclosure stateme	ents.
Section 6. Disclosure Stateme	nt					
Based on the above disclosures, this form below.	n will autom	natically (generate a disclos	sure state	ment, which will appear in the box	
Dr. Richeldi reports personal fees from Spersonal fees from Boehringer Ingelhein Fibrogen, personal fees from Promedior, submitted work.	n, personal f	fees fron	n Celgene, person	al fees fr	om Nitto, personal fees from	е



Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.



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Identifying Information

Section 1.

ICMJE Form for Disclosure of Potential Conflicts of Interest

1. Given Name (First Name) Simon	2. Surnar Walsh	ne (Last Nar	ne)		3. Date 20-January-2019	
4. Are you the corresponding author?	Yes	✓ No	Correspond Luca Riche	_	or's Name	
5. Manuscript Title Subclinical interstitial lung abnormalit	ies; lumping	g and splitt	ing revisited.			
6. Manuscript Identifying Number (if you l	know it)					
Section 2. The Work Under 0	Considerat	tion for P	ublication			
Did you or your institution at any time recany aspect of the submitted work (includir statistical analysis, etc.)?						tc.) for
Are there any relevant conflicts of inte	rest?	Yes ✓	No			
Section 3. Relevant financia	l activities	outside	the submitted	work.		
Place a check in the appropriate boxes of compensation) with entities as described the "Add +" box. You should re	ribed in the	instruction	ns. Use one line fo	or each er	ntity; add as many lines as you need	d by
Are there any relevant conflicts of inte			No			
If yes, please fill out the appropriate in	formation b	elow.				
Name of Entity	Grant?	Personal Fees	Non-Financial Support?	Other?	Comments	
Boehringer Ingelheim		√			Consultancy, speakers fees	
nterMune		✓			Consultancy, speakers fees	
Roche		✓			Consultancy, speakers fees	
Sanofi-Genzyme		√			Consultancy, speakers fees	
Bracco		√			Speakers fees	
Thoracic.Al				✓	Founder	
Galapagos		\checkmark			Consultancy	

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Section 4. Intellectual Property Patents & Copyrights					
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Volume					
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					
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.					
Section 6. Disclosure Statement					
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.					
Dr. Walsh reports personal fees from Boehringer Ingelheim, personal fees from InterMune, personal fees from Roche, personal fees from Sanofi-Genzyme, personal fees from Bracco, other from Thoracic.Al, personal fees from Galapagos, outside the submitted work; .					

Evaluation and Feedback

 $Please\ visit\ \underline{http://www.icmje.org/cgi-bin/feedback}\ to\ provide\ feedback\ on\ your\ experience\ with\ completing\ this\ form.$

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