

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.

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.

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4. Intellectual Property.

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

5. Relationships not covered above.

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

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Section 1. Identifying Information

1. Given Name (First Name)
Arnaud

2. Surname (Last Name)
Bourdin

3. Date
11-September-2019

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Micaela Romagnoli

5. Manuscript Title
Transbronchial cryobiopsy in ILDs: not a tale but data.

6. Manuscript Identifying Number (if you know it)
Blue-201909-1736LE

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.

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|----------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--|
| Astra Zeneca | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Ad Board; participation in congress; investigator. |
| GSK | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Ad Board; participation in congress; investigator. |
| Boeringher Ingelheim | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Ad Board; participation in congress; investigator. |
| Novartis | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Ad Board; participation in congress; investigator. |
| Teva | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Ad Board; investigator. |
| Regeneron | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Ad Board; investigator. |

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| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|---------------------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--|
| Chiesi Farmaceutics | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Ad Board; participation in congress; investigator. |
| Actelion | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Ad Board; participation in congress; investigator. |
| Gilead | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Investigator. |
| Roche | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Ad Board; investigator. |

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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):
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Section 6. Disclosure Statement

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Dr. Bourdin reports grants, personal fees, non-financial support and other from Astra Zeneca, grants, personal fees and other from GSK, grants, personal fees, non-financial support and other from Boeringher Ingelheim, personal fees, non-financial support and other from Novartis, personal fees and other from Teva, personal fees and other from Regeneron, personal fees, non-financial support and other from Chiesi Farmaceutics, personal fees, non-financial support and other from Actelion, other from Gilead, personal fees and non-financial support from Roche, outside the submitted work; .

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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) MICAELA 2. Surname (Last Name) ROTIGNOLI 3. Date SEPT 11th 2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Transbronchial cryobiopsy in ILDs: not a tale but data.

6. Manuscript Identifying Number (if you know it)
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Are there any relevant conflicts of interest? Yes No
- UNRESTRICTED GRANT (1199-308) FROM BOEHRINGER INGELHEIM

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No
- ROCHE, BOEHRINGER INGELHEIM, FSK, ASTRABENECA, NOVARTIS, CHIESI, MENARINI, ALFASIGMA

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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

| | | |
|---|---|--|
| 1. Given Name (First Name) thomas | 2. Surname (Last Name) colby | 3. Date 10-September-2019 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Romagnoli |
| 5. Manuscript Title Response to a letter; first author M Roagnoli | | |
| 6. Manuscript Identifying Number (if you know it) Blue-201909-1736LE | | |

Section 2. The Work Under Consideration for Publication

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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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Dr. colby has nothing to disclose.

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Section 1. Identifying Information

| | | |
|--|---|--|
| 1. Given Name (First Name) Nicolas | 2. Surname (Last Name) MOLINARI | 3. Date 12-September-2019 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Micaela Romagnoli |
| 5. Manuscript Title Transbronchial cryobiopsy in ILDs: not a tale but data. | | |
| 6. Manuscript Identifying Number (if you know it) Blue-201909-1736LE | | |

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Dr. MOLINARI has nothing to disclose.

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Section 1. Identifying Information

| | | |
|--|---|--|
| 1. Given Name (First Name) Carey | 2. Surname (Last Name) Suehs | 3. Date 12-September-2019 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Micaela Romagnoli |
| 5. Manuscript Title Transbronchial cryobiopsy in ILDs: not a tale but data. | | |
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Section 1. Identifying Information

1. Given Name (First Name)

Isabelle

2. Surname (Last Name)

Vachier

3. Date

11-September-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Micaela Romagnoli

5. Manuscript Title

Transbronchial cryobiopsy in ILDs: not a tale but data.

6. Manuscript Identifying Number (if you know it)

Blue-201909-1736LE

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.)?

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