

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.

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Paola	2. Surname (Last Name) Faverio	3. Date 18-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Giovanni Ferrara
5. Manuscript Title RA-ILD: does more detailed radiological classification add something to our knowledge of this condition?		
6. Manuscript Identifying Number (if you know it) JTD-2020-26		

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

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 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Faverio 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) Meena 2. Surname (Last Name) Kalluri 3. Date 18-March-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name
Giovanni Ferrara

5. Manuscript Title
RA-ILD: does more detailed radiological classification add something to our knowledge of this condition?

6. Manuscript Identifying Number (if you know it)
JTD-2020-26

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Are there any relevant conflicts of interest? Yes No

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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
Boehringer-Ingelheim	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Roche	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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. Kalluri reports personal fees from Boehringer-Ingelheim, grants and personal fees from Roche outside the submitted work .

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Section 1. Identifying Information

1. Given Name (First Name) Fabrizio 2. Surname (Last Name) Luppi 3. Date 18-March-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name
Prof. Giovanni Ferrara

5. Manuscript Title
RA-ILD: does more detailed radiological classification add something to our knowledge of the disease?

6. Manuscript Identifying Number (if you know it)

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Boehringer-Ingelheim	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Luppi reports grants and personal fees from Roche , personal fees from Boehringer-Ingelheim, outside the submitted work; .

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1. Given Name (First Name)
Giovanni

2. Surname (Last Name)
Ferrara

3. Date
18-March-2020

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