

ICMJE DISCLOSURE FORM

Date: Aug. 24th, 2021

Your Name: Xiaobo Chen

Manuscript Title: The application of transbronchial cryobiopsy in interstitial lung disease: a prospective, multicenter, real-world study

Manuscript number (if known):

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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Date: Aug. 24th, 2021

Your Name: Jing Li

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ICMJE DISCLOSURE FORM

Date: Aug. 24th, 2021

Your Name: Fengming Luo

Manuscript Title: The application of transbronchial cryobiopsy in interstitial lung disease: a prospective, multicenter, real-world study

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Date: Aug. 24th, 2021

Your Name: Feng Tao

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Date: Aug. 24th, 2021

Your Name: Xiaoju Zhang

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Date: Aug. 24th, 2021

Your Name: Youru Wu

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Your Name: Ping Xu

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Your Name: Laiyu Liu

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Please place an "X" next to the following statement to indicate your agreement:

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: Aug. 24th, 2021

Your Name: Huai Liao

Manuscript Title: The application of transbronchial cryobiopsy in interstitial lung disease: a prospective, multicenter, real-world study

Manuscript number (if known):

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ICMJE DISCLOSURE FORM

Date: Aug. 24th, 2021

Your Name: Ye Gu

Manuscript Title: The application of transbronchial cryobiopsy in interstitial lung disease: a prospective, multicenter, real-world study

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ICMJE DISCLOSURE FORM

Date: Aug. 24th, 2021

Your Name: Zhiguang Liu

Manuscript Title: The application of transbronchial cryobiopsy in interstitial lung disease: a prospective, multicenter, real-world study

Manuscript number (if known):

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ICMJE DISCLOSURE FORM

Date: Aug. 24th, 2021

Your Name: Xiaoming Tan

Manuscript Title: The application of transbronchial cryobiopsy in interstitial lung disease: a prospective, multicenter, real-world study

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ICMJE DISCLOSURE FORM

Date: Aug. 24th, 2021

Your Name: Shuliang Guo

Manuscript Title: The application of transbronchial cryobiopsy in interstitial lung disease: a prospective, multicenter, real-world study

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Date: Aug. 24th, 2021

Your Name: Yi Hu

Manuscript Title: The application of transbronchial cryobiopsy in interstitial lung disease: a prospective, multicenter, real-world study

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ICMJE DISCLOSURE FORM

Date: Aug. 24th, 2021

Your Name: Huaping Yang

Manuscript Title: The application of transbronchial cryobiopsy in interstitial lung disease: a prospective, multicenter, real-world study

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ICMJE DISCLOSURE FORM

Date: Aug. 24th, 2021

Your Name: Yong Zhou

Manuscript Title: The application of transbronchial cryobiopsy in interstitial lung disease: a prospective, multicenter, real-world study

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ICMJE DISCLOSURE FORM

Date: Aug. 24th, 2021

Your Name: Hongmei Zhou

Manuscript Title: The application of transbronchial cryobiopsy in interstitial lung disease: a prospective, multicenter, real-world study

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Date: Aug. 24th, 2021

Your Name: Yongshun Ye

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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

I declare that I have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: Aug. 24th, 2021

Your Name: Difei Chen

Manuscript Title: The application of transbronchial cryobiopsy in interstitial lung disease: a prospective, multicenter, real-world study

Manuscript number (if known):

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	<input checked="" type="checkbox"/> None	

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ICMJE DISCLOSURE FORM

Date: Aug. 24th, 2021

Your Name: Shiyue Li

Manuscript Title: The application of transbronchial cryobiopsy in interstitial lung disease: a prospective, multicenter, real-world study

Manuscript number (if known):

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