

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.

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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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Other: Anything not covered under the previous three boxes

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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) Osamu	2. Surname (Last Name) Takakuwa	3. Date 28-December-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yoshihiro Kanemitsu
5. Manuscript Title A case of severe asthmatic cough responsive to bronchial thermoplasty		
6. Manuscript Identifying Number (if you know it) L17-0748		

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

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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 Takakuwa has nothing to disclose in the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Akio	2. Surname (Last Name) Niimi	3. Date 28-December-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yoshihiro Kanemitsu
5. Manuscript Title A case of severe asthmatic cough responsive to bronchial thermoplasty		
6. Manuscript Identifying Number (if you know it) L17-0748		

Section 2. The Work Under Consideration for Publication

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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

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Niimi has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Yoshihiro

2. Surname (Last Name)

Kanemitsu

3. Date

28-December-2017

4. Are you the corresponding author?

Yes No

5. Manuscript Title

A case of severe asthmatic cough responsive to bronchial thermoplasty

6. Manuscript Identifying Number (if you know it)

L17-0748

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Section 1. Identifying Information

1. Given Name (First Name) Takamitsu	2. Surname (Last Name) Asano	3. Date 28-December-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yoshihiro Kanemitsu
5. Manuscript Title A case of severe asthmatic cough responsive to bronchial thermoplasty		
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Dr. Asano has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Kensuke	2. Surname (Last Name) Fukumitsu	3. Date 29-December-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yoshihiro Kanemitsu
5. Manuscript Title A case of severe asthmatic cough responsive to bronchial thermoplasty		
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