

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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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)

Yuichiro

2. Surname (Last Name)

Fujieda

3. Date

11-January-2018

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Remission of Nephrotic Syndrome after Therapy for Chronic Hepatitis C Infection in a Patient with Systemic Lupus Erythematosus

6. Manuscript Identifying Number (if you know it)

L17-0759

Section 2. The Work Under Consideration for Publication

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Dr. Fujieda has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Tatsuya	2. Surname (Last Name) Atsumi	3. Date 11-January-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Yuichiro Fujieda
5. Manuscript Title Remission of Nephrotic Syndrome after Therapy for Chronic Hepatitis C Infection in a Patient with Systemic Lupus Erythematosus		
6. Manuscript Identifying Number (if you know it) L17-0759		

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1. Given Name (First Name) Hiroyuki	2. Surname (Last Name) Nakamura	3. Date 11-January-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Yuichiro Fujieda
5. Manuscript Title Remission of Nephrotic Syndrome after Therapy for Chronic Hepatitis C Infection in a Patient with Systemic Lupus Erythematosus		
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Section 1. Identifying Information

1. Given Name (First Name) Shinsuke	2. Surname (Last Name) Yasuda	3. Date 11-January-2918
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Yuichiro Fujieda
5. Manuscript Title Remission of Nephrotic Syndrome after Therapy for Chronic Hepatitis C Infection in a Patient with Systemic Lupus Erythematosus		
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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Japan Agency for Medical Research and Development	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
the Japanese Ministry of Education, Culture, Sports, Science, and Technology	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bristol Myers Squibb	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chugai Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	speakers bureau
Tanabe-mitsubishi Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	speakers bureau

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Dr. Yasuda reports grants from Japan Agency for Medical Research and Development, grants from the Japanese Ministry of Education, Culture, Sports, Science, and Technology, grants from Bristol Myers Squibb, other from Chugai Pharmaceuticals, other from Tanabe-mitsubishi Pharmaceuticals, outside the submitted work; .

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4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Tatsuya Atsumi
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