ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Hirofumi
2. Surname (Last Name) Bekki
3. Date 27-February-2017
4. Are you the corresponding author? Yes ☐ No ☑
   Corresponding Author’s Name Masanobu Ohishi
5. Manuscript Title
   A case of methotrexate-related lymphoproliferative disorder presenting with a massive soft tissue tumor of the elbow
6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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

Dr. Bekki 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)  
Makoto

2. Surname (Last Name)  
Endo

3. Date  
07-June-2016

4. Are you the corresponding author?  
☐ Yes  ✔ No

5. Manuscript Title
A case of methotrexate-related lymphoproliferative disorder presenting with a massive soft tissue tumor of the elbow

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
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☐ Yes  ✔ No

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Dr. Endo has nothing to disclose.

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Fukushi
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Jun-ichi

2. Surname (Last Name)  
   Fukushi

3. Date  
   07-June-2016

4. Are you the corresponding author?  
   Yes ☐  No ☑

5. Manuscript Title  
   A case of methotrexate-related lymphoproliferative disorder presenting with a massive soft tissue tumor of the elbow

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  
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Section 4. Intellectual Property -- Patents & Copyrights

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   Yes ☐  No ☑
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Dr. Fukushi has nothing to disclose.

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Section 1. Identifying Information
1. Given Name (First Name)  Takashi
2. Surname (Last Name)  Hatano
3. Date  07-June-2016
4. Are you the corresponding author?  Yes  No
5. Manuscript Title
A case of methotrexate-related lymphoproliferative disorder presenting with a massive soft tissue tumor of the elbow
6. Manuscript Identifying Number (if you know it)

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Dr. Hatano has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Yukihide

2. Surname (Last Name)  
   Iwamoto

3. Date  
   07-June-2016

4. Are you the corresponding author?  
   ✔ No

5. Manuscript Title  
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Section 1. Identifying Information

1. Given Name (First Name) Akira
2. Surname (Last Name) Maekawa
3. Date 07-June-2016

4. Are you the corresponding author? ☐ Yes ☑ No

5. Manuscript Title
A case of methotrexate-related lymphoproliferative disorder presenting with a massive soft tissue tumor of the elbow

6. Manuscript Identifying Number (if you know it)

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Dr. Maekawa 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)  Tomoya
2. Surname (Last Name)  Matsunobu
3. Date  07-June-2016
4. Are you the corresponding author?  Yes  No

5. Manuscript Title
A case of methotrexate-related lymphoproliferative disorder presenting with a massive soft tissue tumor of the elbow

6. Manuscript Identifying Number (if you know it)

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Dr. Matsunobu 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) Yasuharu
2. Surname (Last Name) Nakashima
3. Date 07-June-2016
4. Are you the corresponding author? ☑ No
5. Manuscript Title
A case of methotrexate-related lymphoproliferative disorder presenting with a massive soft tissue tumor of the elbow
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<th>1. Given Name (First Name)</th>
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<td>4. Are you the corresponding author?</td>
<td>Yes</td>
<td>No</td>
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</table>

**Corresponding Author’s Name**

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Are there any relevant conflicts of interest? [ ] Yes [ ] No

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Dr. Oda has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Masanobu

2. Surname (Last Name)  
Ohishi

3. Date  
03-June-2016

4. Are you the corresponding author?  
☑ Yes  ☐ No

5. Manuscript Title  
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Dr. Ohishi has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
Ken

2. Surname (Last Name)  
Okazaki

3. Date  
07-June-2016

4. Are you the corresponding author?  
Yes ❑ No

5. Manuscript Title  
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Dr. Okazaki has nothing to disclose.

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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.
3. Relevant financial activities outside the submitted work.
5. Relationships not covered above.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.
Grant: A grant from an entity, generally [but not always] paid to your organization
Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations
Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes
Pending: The patent has been filed but not issued
Issued: The patent has been issued by the agency
Licensed: The patent has been licensed to an entity, whether earning royalties or not
Royalties: Funds are coming in to you or your institution due to your patent
**ICMJE Form for Disclosure of Potential Conflicts of Interest**

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### Section 1. Identifying Information

1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date
Akiko | Oyamada | 07-June-2016

4. Are you the corresponding author?  ☑ No

5. Manuscript Title
A case of methotrexate-related lymphoproliferative disorder presenting with a massive soft tissue tumor of the elbow

6. Manuscript Identifying Number (if you know it)

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### 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?  ☑ No

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### Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication.

Are there any relevant conflicts of interest?  ☑ No

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### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  ☑ No
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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):
☐ No other relationships/conditions/circumstances that present a potential conflict of interest

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Section 6. Disclosure Statement

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Dr. Oyamada has nothing to disclose.

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## Section 1. Identifying Information

1. **Given Name (First Name)**
   - Hidetaka

2. **Surname (Last Name)**
   - Yamamoto

3. **Date**
   - 07-June-2016

4. **Are you the corresponding author?**
   - [ ] Yes  ✔ No

5. **Manuscript Title**
   - A case of methotrexate-related lymphoproliferative disorder presenting with a massive soft tissue tumor of the elbow

6. **Manuscript Identifying Number (if you know it)**

## 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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- [ ] Yes  ✔ No

## Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Yamamoto has nothing to disclose.

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## Section 1. Identifying Information

1. Given Name (First Name)  
   Moriwasu  
2. Surname (Last Name)  
   Yamauchi  
3. Date  
   07-June-2016  
4. Are you the corresponding author?  
   ✔ No  
5. Manuscript Title  
   A case of methotrexate-related lymphoproliferative disorder presenting with a massive soft tissue tumor of the elbow  
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Section 1. Identifying Information

1. Given Name (First Name)  Goichi
2. Surname (Last Name) Yoshimoto
3. Date 07-June-2016
4. Are you the corresponding author? ☑ No
5. Manuscript Title
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