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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Kristen

2. Surname (Last Name)  
   Cummings

3. Date  
   06-August-2014

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

5. Manuscript Title  
   Early changes in clinical, functional, and laboratory biomarkers in workers at risk of indium lung disease

6. Manuscript Identifying Number (if you know it)  
   White-201407-346OC

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Dr. Cummings 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) | Kathleen |
| 2. Surname (Last Name) | Kreiss |
| 3. Date | 06-August-2014 |
| 4. Are you the corresponding author? | Yes | No |
| 5. Manuscript Title | Early changes in clinical, functional, and laboratory biomarkers in workers at risk of indium lung disease |
| 6. Manuscript Identifying Number (if you know it) | |

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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**

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? | Yes | No |
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Dr. Kreiss 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)  
   Brenna
2. Surname (Last Name)  
   Carey
3. Date  
   08-August-2014
4. Are you the corresponding author?  
   Yes ✔ No
   
   Corresponding Author's Name  
   Kristin Cummings

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
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   Yes ✔ No

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Dr. Carey has nothing to disclose.

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<tr>
<td>Terrance</td>
<td>Healey</td>
<td>19-August-2014</td>
</tr>
</tbody>
</table>

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

Corresponding Author’s Name
K. Cummings

5. Manuscript Title
Early changes in clinical, functional, and laboratory biomarkers in workers at risk of indium lung disease

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

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Dr. Healey 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)     Bruce
2. Surname (Last Name)         Trapnell
3. Date                       08-August-2014
4. Are you the corresponding author?      Yes ☐ No ☑

5. Manuscript Title
Early changes in clinical, functional, and laboratory biomarkers in workers at risk of indium lung disease

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

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?      Yes ☐ No ☑
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Dr. Trapnell has nothing to disclose.

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<td>Virji</td>
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4. Are you the corresponding author?  
   - [ ] Yes  
   - [x] No  

5. Manuscript Title  
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   - [x] No

### Relevant financial activities outside the submitted work.

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At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

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. Virji has nothing to disclose.

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