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.

1. Identifying information.

2. The work under consideration for publication.

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

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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

## Section 1. Identifying Information

1. Given Name (First Name)  
   Sylvie

2. Surname (Last Name)  
   Lantuejoul

3. Date  
   19-March-2020

4. Are you the corresponding author?  
   ✓ Yes  
   No

5. Manuscript Title  
   Selected highlights of the 2019 Pulmonary Pathology Society Biennial Meeting: PD-L1 test harmonization studies

6. Manuscript Identifying Number (if you know it)  
   TLCR-2019-PPS-08(TLCR-20-145A)

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Are there any relevant conflicts of interest?  
   ✓ Yes  
   No

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the “X” button.

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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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Dr. Lantuejoul reports personal fees from Astra Zeneca, personal fees from MSD, grants and personal fees from BMS, during the conduct of the study; personal fees from Abbvie, outside the submitted work.

**Evaluation and Feedback**

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Francesca

2. Surname (Last Name)  
Damiola

3. Date  
18-March-2020

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

Corresponding Author’s Name  
Sylvie Lantuejoul

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Dr. Damiola has nothing to disclose.

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   Julien

2. Surname (Last Name)  
   Adam

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   18-March-2020

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   □ Yes  
   ✔ No  
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   Sylvie Lantuejoul

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