



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.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1.

Identifying Information

1. Given Name (First Name)

Osamu

2. Surname (Last Name)

Toyoshima

3. Date

16-July-2018

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Serum anti-Helicobacter pylori antibody titer and its association with gastric nodularity, atrophy, and age: A cross-sectional study

6. Manuscript Identifying Number (if you know it)

Section 2.

The Work Under Consideration for Publication

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Intellectual Property -- Patents & Copyrights

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Section 6. Disclosure Statement

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Generate Disclosure Statement

Dr. Toyoshima has nothing to disclose.

Evaluation and Feedback

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Identifying Information

1. Given Name (First Name)

Toshihiro

2. Surname (Last Name)

Nishizawa

3. Date

16-July-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Osamu Toyoshima

5. Manuscript Title

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1. Given Name (First Name)

Kosuke

2. Surname (Last Name)

Sakitani

3. Date

16-July-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Osamu Toyoshima

5. Manuscript Title

Serum anti-Helicobacter pylori antibody titer and its association with gastric nodularity, atrophy, and age: A cross-sectional study

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Dr. Sakitani has nothing to disclose.

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Section 1.

Identifying Information

1. Given Name (First Name)

Tadahiro

2. Surname (Last Name)

Yamakawa

3. Date

16-July-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Osamu Toyoshima

5. Manuscript Title

Serum anti-Helicobacter pylori antibody titer and its association with gastric nodularity, atrophy, and age: A cross-sectional study

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Yamakawa has nothing to disclose.

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1. Given Name (First Name)

Yoshiyuki

2. Surname (Last Name)

Takahashi

3. Date

16-July-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Osamu Toyoshima

5. Manuscript Title

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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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)
Nobutake

2. Surname (Last Name)
Yamamichi

3. Date
16-July-2018

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Osamu Toyoshima

5. Manuscript Title
Serum anti-Helicobacter pylori antibody titer and its association with gastric nodularity, atrophy, and age: A cross-sectional study

6. Manuscript Identifying Number (if you know it)

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
If yes, please provide 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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Denka Seiken Co., Ltd.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	funds for the research	X ADD

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? Yes No

ADD

Section 4.

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No



ICMJE Form for Disclosure of Potential Conflicts of Interest

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

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

[Generate Disclosure Statement](#)

Dr. Yamamichi received funds for the research from Denka Seiken Co., Ltd.

Evaluation and Feedback

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Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1.

Identifying Information

1. Given Name (First Name)

Keisuke

2. Surname (Last Name)

Hata

3. Date

16-July-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Osamu Toyoshima

5. Manuscript Title

Serum anti-Helicobacter pylori antibody titer and its association with gastric nodularity, atrophy, and age: A cross-sectional study

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? Yes No

ADD

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Are there any relevant conflicts of interest? Yes No

ADD

Section 4.

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No



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Section 6.

Disclosure Statement

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

Generate Disclosure Statement

Dr. Hata has nothing to disclose.

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)

Yasuyuki

2. Surname (Last Name)

Seto

3. Date

16-July-2018

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Osamu Toyoshima

5. Manuscript Title

Serum anti-Helicobacter pylori antibody titer and its association with gastric nodularity, atrophy, and age: A cross-sectional study

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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 Yes 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?

 Yes No



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Generate Disclosure Statement

Dr. Seto has nothing to disclose.

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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)

Kazuhiko

2. Surname (Last Name)

Koike

3. Date

16-July-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Osamu Toyoshima

5. Manuscript Title

Serum anti-Helicobacter pylori antibody titer and its association with gastric nodularity, atrophy, and age: A cross-sectional study

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? Yes No

ADD

Section 3.

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Are there any relevant conflicts of interest? Yes No

ADD

Section 4.

Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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

Generate Disclosure Statement

Dr. Koike 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)

Hideobu

2. Surname (Last Name)

Watanabe

3. Date

16-July-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Osamu Toyoshima

5. Manuscript Title

Serum anti-Helicobacter pylori antibody titer and its association with gastric nodularity, atrophy, and age: A cross-sectional study

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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Section 4.

Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No



ICMJE Form for Disclosure of Potential Conflicts of Interest

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Generate Disclosure Statement

Dr. Watanabe 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)

Hidekazu

2. Surname (Last Name)

Suzuki

3. Date

16-July-2018

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Osamu Toyoshima

5. Manuscript Title

Serum anti-Helicobacter pylori antibody titer and its association with gastric nodularity, atrophy, and age: A cross-sectional study

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?

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Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

 Yes No



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5.

Relationships not covered above

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Section 6.

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Dr. Suzuki has nothing to disclose.

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