

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Min	2. Surname (Last Name) Wang	3. Date 11-November-2021
4. Are you the corresponding author? ☐ Yes ☒ No		Corresponding Author's Name Rong-Yu Liu
5. Manuscript Title Occupational fibrotic hypersensitivity pneumonia in a halogen dishes manufacturer: A case report		
6. Manuscript Identifying Number (if you know it) 70928		

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Dr. Wang has nothing to disclose.

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1. Given Name (First Name) Hao-Hui	2. Surname (Last Name) Fang	3. Date 11-November-2021
4. Are you the corresponding author? ☐ Yes ☒ No		Corresponding Author's Name Rong-Yu Liu
5. Manuscript Title Occupational fibrotic hypersensitivity pneumonia in a halogen dishes manufacturer: A case report		
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1. Given Name (First Name) Zi-Feng	2. Surname (Last Name) Jiang	3. Date 11-November-2021
4. Are you the corresponding author? ☐ Yes ☒ No		Corresponding Author's Name Rong-Yu Liu
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4. Are you the corresponding author? ☐ Yes ☒ No		Corresponding Author's Name Rong-Yu Liu
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