

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.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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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.

Use this section to report 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.

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Entity: government agency, foundation, commercial sponsor, academic institution, etc.

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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

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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

ICMJJE 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 24-February-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Helicobacter pylori infection in subjects negative for high titer serum antibody

6. Manuscript Identifying Number (if you know it)
38485

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

ADD

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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

If yes, please fill out the appropriate information below.

Name of Entity	Grant ?	Personal Fees ?	Non-Financial Support ?	Other ?	Comments
Takeda Pharmaceutical Co., Ltd.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lecture fee
Otsuka Pharmaceutical Co., Ltd.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lecture fee

ADD

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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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. Toyoshima reports personal fees from Takeda Pharmaceutical Co., Ltd., personal fees from Otsuka Pharmaceutical Co., Ltd., outside the submitted work;

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Section 1. Identifying Information

1. Given Name (First Name)

Toshihiro

2. Surname (Last Name)

Nishizawa

3. Date

24-February-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Osamu Toyoshima

5. Manuscript Title

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Dr. Nishizawa has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Masahide	2. Surname (Last Name) Arita	3. Date 24-February-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Osamu Toyoshima
5. Manuscript Title Helicobacter pylori infection in subjects negative for high titer serum antibody		
6. Manuscript Identifying Number (if you know it) 38485		

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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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



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Dr. Arita has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)

Yosuke

2. Surname (Last Name)

Kataoka

3. Date

24-February-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Osamu Toyoshima

5. Manuscript Title

Helicobacter pylori infection in subjects negative for high titer serum antibody

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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Dr. Kataoka has nothing to disclose.

Evaluation and Feedback

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1. Given Name (First Name) Kosuke	2. Surname (Last Name) Sakitani	3. Date 24-February-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Osamu Toyoshima
5. Manuscript Title Helicobacter pylori infection in subjects negative for high titer serum antibody		
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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) Shuntaro	2. Surname (Last Name) Yoshida	3. Date 24-February-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Osamu Toyoshima
5. Manuscript Title Helicobacter pylori infection in subjects negative for high titer serum antibody		
6. Manuscript Identifying Number (if you know it) 38485		

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

ADD

Section 3. Relevant financial activities outside the submitted work.

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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

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Dr. Yoshida has nothing to disclose.

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k 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
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Hiroharu	2. Surname (Last Name) Yamashita	3. Date 24-February-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Osamu Toyoshima
5. Manuscript Title Helicobacter pylori infection in subjects negative for high titer serum antibody		
6. Manuscript Identifying Number (if you know it) 38485		

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

ADD

Section 3. Relevant financial activities outside the submitted work.

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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



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Dr. Yamashita 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) Keisuke	2. Surname (Last Name) Hata	3. Date 24-February-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Osamu Toyoshima
5. Manuscript Title Helicobacter pylori infection in subjects negative for high titer serum antibody		
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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. 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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Hidenobu	2. Surname (Last Name) Watanabe	3. Date 24-February-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Osamu Toyoshima
5. Manuscript Title Helicobacter pylori infection in subjects negative for high titer serum antibody		
6. Manuscript Identifying Number (if you know it) 38485		

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Are there any relevant conflicts of interest? Yes No

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ADD

Section 4. Intellectual Property -- Patents & Copyrights

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ICMJJE 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 24-February-2018

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

5. Manuscript Title
Helicobacter pylori infection in subjects negative for high titer serum antibody

6. Manuscript Identifying Number (if you know it)
38485

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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

If yes, please fill out the appropriate information below.

Name of Entity	Grant ?	Personal Fees ?	Non-Financial Support ?	Other ?	Comments
AstellasPharma Inc.	✓				scholarship funds for the research
Astra-Zeneca K.K.	✓				scholarship funds for the research
OtsukaPharmaceutical Co., Ltd.	✓				scholarship funds for the research
TakedaPharmaceutical Co., Ltd.	✓				scholarship funds for the research
ZeriaPharmaceutical Co., Ltd.	✓				scholarship funds for the research
AstellasPharma Inc.		✓			service honoraria
Astra-Zeneca K.K.		✓			service honoraria
OtsukaPharmaceutical Co., Ltd.		✓			service honoraria

ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant ?	Personal Fees ?	Non-Financial Support ?	Other ?	Comments	
Takeda Pharmaceutical Co., Ltd.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	service honoraria	<input checked="" type="checkbox"/>
Zeria Pharmaceutical Co., Ltd.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	service honoraria	<input checked="" type="checkbox"/>

ADD

Section 4. Intellectual Property -- Patents & Copyrights

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

Section 5. Relationships not covered above

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Dr. Suzuki reports grants from Astellas Pharma Inc., grants from Astra-Zeneca K.K., grants from Otsuka Pharmaceutical Co., Ltd., grants from Takeda Pharmaceutical Co., Ltd., grants from Zeria Pharmaceutical Co., Ltd., personal fees from Astellas Pharma Inc., personal fees from Astra-Zeneca K.K., personal fees from Otsuka Pharmaceutical Co., Ltd., personal fees from Takeda Pharmaceutical Co., Ltd., personal fees from Zeria Pharmaceutical Co., Ltd., outside the submitted work; .

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