ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Jae-Ho

2. Surname (Last Name)  
   Chung

3. Date  
   24-October-2020

4. Are you the corresponding author?  
   Yes ☐ No ☑
   Corresponding Author’s Name  
   Eul-Sik Yoon

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
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Dr. Chung has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Ki-Jae

2. Surname (Last Name)  
Kim

3. Date  
24-October-2020

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

Corresponding Author's Name  
Eul-Sik Yoon

5. Manuscript Title  
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Dr. Kim has nothing to disclose.

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   Seung Pil  
2. Surname (Last Name)  
   Jung  
3. Date  
   24-October-2020  
4. Are you the corresponding author?  
   Yes  ✔  No  
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<tr>
<td>1. Given Name (First Name)</td>
<td>2. Surname (Last Name)</td>
<td>3. Date</td>
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<td>Seung-Ha</td>
<td>Park</td>
<td>24-October-2020</td>
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<td>4. Are you the corresponding author?</td>
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<td>No</td>
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<td>Eul-Sik Yoon</td>
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Dr. Park has nothing to disclose.

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   Eul-Sik

2. Surname (Last Name)  
   Yoon

3. Date  
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