ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Minkyu</td>
<td>Han</td>
<td>19-June-2017</td>
</tr>
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</table>

4. Are you the corresponding author?  
☐ Yes  ✔ No  
Corresponding Author’s Name  
Jae Kwang Kim

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

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1. Given Name (First Name)  
   Jae Kwang

2. Surname (Last Name)  
   Kim

3. Date  
   19-June-2017

4. Are you the corresponding author?  
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   No

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1. Given Name (First Name)  
   Tae Kyoon

2. Surname (Last Name)  
   Lee

3. Date  
   19-June-2017

4. Are you the corresponding author?  
   Yes [ ]  No [ ]

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   Jae Kwang Kim

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1. Given Name (First Name)  
   Young Ho

2. Surname (Last Name)  
   Shin

3. Date  
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   - No  
   ✔ No

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Dr. Yoon has nothing to disclose.

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