

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) Jayoung	2. Surname (Last Name) Park	3. Date 03-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Woong-Han Kim
5. Manuscript Title The Landscape of Academic Global Surgery: A Rapid Review		
6. Manuscript Identifying Number (if you know it) JPHE-2020-GS-02(JPHE-20-80)		

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Dr. Park has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Meelang	2. Surname (Last Name) Cheoun	3. Date 03-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Woong-Han Kim
5. Manuscript Title The Landscape of Academic Global Surgery: A Rapid Review		
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Dr. Cheoun has nothing to disclose.

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1. Given Name (First Name) Sugy	2. Surname (Last Name) Choi	3. Date 03-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Woong-Han Kim
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Woong-Han

2. Surname (Last Name)

Kim

3. Date

03-August-2020

4. Are you the corresponding author?

Yes No

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