

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.

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Sung-mok

2. Surname (Last Name)
Jung

3. Date
17-June-2020

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Hiroshi Nishiura

5. Manuscript Title
Quantifying the causal impact of funding bedside antigen testing on the incidence of respiratory syncytial virus infection in Japan: A difference-in-differences study

6. Manuscript Identifying Number (if you know it)
ATM-20-423-R1

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Section 6. Disclosure Statement

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Dr. Jung has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Hyojung	2. Surname (Last Name) Lee	3. Date 17-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hiroshi Nishiura
5. Manuscript Title Quantifying the causal impact of funding bedside antigen testing on the incidence of respiratory syncytial virus infection in Japan: A difference-in-differences study		
6. Manuscript Identifying Number (if you know it) ATM-20-423-R1		

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1. Given Name (First Name) Yichi	2. Surname (Last Name) Yang	3. Date 17-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hiroshi Nishiura
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Hiroshi

2. Surname (Last Name)
Nishiura

3. Date
17-June-2020

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