

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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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) Hyun-Jung	2. Surname (Last Name) Lee	3. Date 17-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hyung-Kwan Kim
5. Manuscript Title Clinical impact of atrial fibrillation in a nationwide cohort of hypertrophic cardiomyopathy patients		
6. Manuscript Identifying Number (if you know it) ATM-20-1817-R1		

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

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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. Lee has nothing to disclose.

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1. Given Name (First Name)
Hyung-Kwan

2. Surname (Last Name)
Kim

3. Date
17-August-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Clinical impact of atrial fibrillation in a nationwide cohort of hypertrophic cardiomyopathy patients

6. Manuscript Identifying Number (if you know it)
ATM-20-1817-R1

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
2019 Hanmi research fund	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grant number 0620192190

Section 3. Relevant financial activities outside the submitted work.

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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
Actelion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Handok	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dae-Woong	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Hanmi	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Norvatis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
JW pharmaceuticals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Samjin	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
DongA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Kim reports grants from 2019 Hanmi research fund, during the conduct of the study; grants from Actelion, grants from Handok, grants from Dae-Woong, grants from Hanmi, grants from Norvatis, grants from JW pharmaceuticals, grants from Samjin, grants from DongA, outside the submitted work; .

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1. Given Name (First Name)

Inki

2. Surname (Last Name)

Moon

3. Date

17-August-2020

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Yes

No

Corresponding Author's Name

Hyung-Kwan Kim

5. Manuscript Title

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Bong-Seong	2. Surname (Last Name) Kim	3. Date 17-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hyung-Kwan Kim
5. Manuscript Title Clinical impact of atrial fibrillation in a nationwide cohort of hypertrophic cardiomyopathy patients		
6. Manuscript Identifying Number (if you know it) ATM-20-1817-R1		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

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. Kim 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) Kyung-Do	2. Surname (Last Name) Han	3. Date 17-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hyung-Kwan Kim
5. Manuscript Title Clinical impact of atrial fibrillation in a nationwide cohort of hypertrophic cardiomyopathy patients		
6. Manuscript Identifying Number (if you know it) ATM-20-1817-R1		

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

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. Han 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) Jun-Bean	2. Surname (Last Name) Park	3. Date 17-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hyung-Kwan Kim
5. Manuscript Title Clinical impact of atrial fibrillation in a nationwide cohort of hypertrophic cardiomyopathy patients		
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Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

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. Park 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) In-Chang	2. Surname (Last Name) Hwang	3. Date 17-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hyung-Kwan Kim
5. Manuscript Title Clinical impact of atrial fibrillation in a nationwide cohort of hypertrophic cardiomyopathy patients		
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Dr. Hwang has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) Yeonyee	2. Surname (Last Name) Yoon	3. Date 17-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hyung-Kwan Kim
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Dr. Yoon 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)

Yong-Jin

2. Surname (Last Name)

Kim

3. Date

17-August-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Hyung-Kwan Kim

5. Manuscript Title

Clinical impact of atrial fibrillation in a nationwide cohort of hypertrophic cardiomyopathy patients

6. Manuscript Identifying Number (if you know it)

ATM-20-1817-R1

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Are there any relevant conflicts of interest?

Yes

No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?

Yes

No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

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No

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Other: Anything not covered under the previous three boxes

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Section 1. Identifying Information

1. Given Name (First Name) Goo-Yeong	2. Surname (Last Name) Cho	3. Date 17-August-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hyung-Kwan Kim
5. Manuscript Title Clinical impact of atrial fibrillation in a nationwide cohort of hypertrophic cardiomyopathy patients		
6. Manuscript Identifying Number (if you know it) ATM-20-1817-R1		

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Section 1. Identifying Information

1. Given Name (First Name)

Steve

2. Surname (Last Name)

Ommen

3. Date

17-August-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Hyung-Kwan Kim

5. Manuscript Title

Clinical impact of atrial fibrillation in a nationwide cohort of hypertrophic cardiomyopathy patients

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