

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.

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Ji Ae

2. Surname (Last Name)

Yang

3. Date

09-April-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Chang Seong Kim

5. Manuscript Title

Torsade de pointes in initiating hemodialysis: a case report

6. Manuscript Identifying Number (if you know it)

APM-19-400

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?

☐ Yes

☒ No

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☐ Yes

☒ No

Section 4. Intellectual Property -- Patents & Copyrights

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☐ Yes

☒ No



ICMJE

INTERNATIONAL COMMITTEE *of*
MEDICAL JOURNAL EDITORS

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Disclosure Statement

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Dr. Yang has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Hong Sang	2. Surname (Last Name) Choi	3. Date 09-April-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Chang Seong Kim
5. Manuscript Title Torsade de pointes in initiating hemodialysis: a case report		
6. Manuscript Identifying Number (if you know it) APM-19-400		

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Dr. Choi has nothing to disclose.

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1. Given Name (First Name)

Eun Hui

2. Surname (Last Name)

Bae

3. Date

09-April-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Chang Seong Kim

5. Manuscript Title

Torsade de pointes in initiating hemodialysis: a case report

6. Manuscript Identifying Number (if you know it)

APM-19-400

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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?

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Dr. Bae has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Seong Kwon

2. Surname (Last Name)
Ma

3. Date
09-April-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Chang Seong Kim

5. Manuscript Title
Torsade de pointes in initiating hemodialysis: a case report

6. Manuscript Identifying Number (if you know it)
APM-19-400

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Dr. Ma has nothing to disclose.

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Soo Wan

2. Surname (Last Name)
Kim

3. Date
09-April-2020

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☐ Yes ☒ No

Corresponding Author's Name
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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

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Section 1. Identifying Information

1. Given Name (First Name)
Chang Seong

2. Surname (Last Name)
Kim

3. Date
09-April-2020

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

5. Manuscript Title
Torsade de pointes in initiating hemodialysis: a case report

6. Manuscript Identifying Number (if you know it)
APM-19-400

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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Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Kim has nothing to disclose.

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