

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)

Chai-Won

2. Surname (Last Name)

Kim

3. Date

04-November-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Yong-Seok Kim

5. Manuscript Title

Viscum album extract (Helixor-M) treatment for thoracic duct injury after modified radical neck dissection: A case report

6. Manuscript Identifying Number (if you know it)

GS-20-629

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Dr. Kim has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Jeong-Soo	2. Surname (Last Name) Kim	3. Date 04-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yong-Seok Kim
5. Manuscript Title Viscum album extract (Helixor-M) treatment for thoracic duct injury after modified radical neck dissection: A case report		
6. Manuscript Identifying Number (if you know it) GS-20-629		

Section 2. The Work Under Consideration for Publication

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1. Given Name (First Name) Ae-Hee	2. Surname (Last Name) Lee	3. Date 04-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yong-Seok Kim
5. Manuscript Title Viscum album extract (Helixor-M) treatment for thoracic duct injury after modified radical neck dissection: A case report		
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Yong-Seok

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Kim

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