

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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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) Jung Hee	2. Surname (Last Name) Kim	3. Date 16-June-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Min Cheol Chang
5. Manuscript Title Coronavirus Disease 19 Positivity after Negative Results from Six Consecutive Tests		
6. Manuscript Identifying Number (if you know it) _____		

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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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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No



ICMJE

INTERNATIONAL COMMITTEE *of*
MEDICAL JOURNAL EDITORS

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Section 6.

Disclosure Statement

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Dr. Kim has nothing to disclose.

Evaluation and Feedback

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1. Given Name (First Name) Jong Hyun	2. Surname (Last Name) Baek	3. Date 16-June-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Min Cheol Chang
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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Baek has nothing to disclose.

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1. Given Name (First Name) Mathieu	2. Surname (Last Name) Boudier-Revéret	3. Date 16-June-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Min Cheol Chang
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Min Cheol

2. Surname (Last Name)
Chang

3. Date
16-June-2020

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