

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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#### 4. Intellectual Property.

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

#### 5. Relationships not covered above.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Jin Hwa	2. Surname (Last Name) Park	3. Date 16-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dae Won Jun
5. Manuscript Title Prevalence and clinical characteristics of antibiotics associated drug induced liver injury		
6. Manuscript Identifying Number (if you know it) ATM-20-5144		

### 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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Are there any relevant conflicts of interest?  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) Susie	2. Surname (Last Name) Hong	3. Date 16-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dae Won Jun
5. Manuscript Title Prevalence and clinical characteristics of antibiotics associated drug induced liver injury		
6. Manuscript Identifying Number (if you know it) ATM-20-5144		

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Are there any relevant conflicts of interest?  Yes  No

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Dr. Hong has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name) Dae Won

2. Surname (Last Name) Jun

3. Date 18-December-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Prevalence and clinical characteristics of antibiotics associated drug induced liver injury

6. Manuscript Identifying Number (if you know it)  
ATM-20-5144

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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
Ministry of Food and Drug Safety in 2020 (20183MFDS525)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### 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. Jun reports grants from Ministry of Food and Drug Safety in 2020 (20183MFDS525), outside the submitted work; .

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Jai Hoon	2. Surname (Last Name) Yoon	3. Date 18-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dae Won Jun
5. Manuscript Title Prevalence and clinical characteristics of antibiotics associated drug induced liver injury		
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Dr. Yoon has nothing to disclose.

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1. Given Name (First Name) Kang Nyeong	2. Surname (Last Name) Lee	3. Date 18-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dae Won Jun
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Dr. Lee 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) Hang Lak	2. Surname (Last Name) Lee	3. Date 18-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dae Won Jun
5. Manuscript Title Prevalence and clinical characteristics of antibiotics associated drug induced liver injury		
6. Manuscript Identifying Number (if you know it) ATM-20-5144		

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1. Given Name (First Name) Oh Young	2. Surname (Last Name) Lee	3. Date 18-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dae Won Jun
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1. Given Name (First Name) Byung Chul	2. Surname (Last Name) Yoon	3. Date 18-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dae Won Jun
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1. Given Name (First Name) Ho Soon	2. Surname (Last Name) Choi	3. Date 18-December-2020
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