

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Samina	2. Surname (Last Name) Park	3. Date 06-December-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Young Tae Kim
5. Manuscript Title Management of intraoperative bleeding in Korea		
6. Manuscript Identifying Number (if you know it)		

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4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Young Tae Kim
5. Manuscript Title Management of intraoperative bleeding in Korea		
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