

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) Hee-Jung	2. Surname (Last Name) Jee	3. Date 24-May-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Tak Kyu Oh
5. Manuscript Title Association Between Body Mass Index, Missing Data, and Mortality Risk Among Critically Ill Patients: The Role of Missing-Data Imputation		
6. Manuscript Identifying Number (if you know it) 		

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Jee has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)

Tak Kyu

2. Surname (Last Name)

Oh

3. Date

24-May-2020

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Association Between Body Mass Index, Missing Data, and Mortality Risk Among Critically Ill Patients: The Role of Missing-Data Imputation

6. Manuscript Identifying Number (if you know it)

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