

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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

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Section 1. Identifying Information

1. Given Name (First Name) Hee Jung	2. Surname (Last Name) Kim	3. Date 27-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Joon Bum Kim
5. Manuscript Title Determinants of Effective Orifice Area in Aortic Valve Replacement: Anatomic and Clinical Factors		
6. Manuscript Identifying Number (if you know it) JTD-20-188		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Dr. Kim has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Hyun Jung

2. Surname (Last Name)
Koo

3. Date
27-March-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Joon Bum Kim

5. Manuscript Title
Determinants of Effective Orifice Area in Aortic Valve Replacement: Anatomic and Clinical Factors

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Dr. Koo has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Joon-Won	2. Surname (Last Name) Kang	3. Date 27-March-2020
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1. Given Name (First Name) Sung-Ho	2. Surname (Last Name) Jung	3. Date 27-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Joon Bum Kim
5. Manuscript Title Determinants of Effective Orifice Area in Aortic Valve Replacement: Anatomic and Clinical Factors		
6. Manuscript Identifying Number (if you know it) JTD-20-188		

Section 2. The Work Under Consideration for Publication

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Jung has nothing to disclose.

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Section 1. Identifying Information

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Suk Jung

2. Surname (Last Name)

Choo

3. Date

27-March-2020

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Yes

No

Corresponding Author's Name

Joon Bum Kim

5. Manuscript Title

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Dr. Choo 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)
Cheol Hyun

2. Surname (Last Name)
Chung

3. Date
27-March-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Joon Bum Kim

5. Manuscript Title
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1. Given Name (First Name) Jae Won	2. Surname (Last Name) Lee	3. Date 27-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Joon Bum Kim
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