

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) Suyeon	2. Surname (Last Name) Lee	3. Date 12-July-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Yeon-Mok Oh
5. Manuscript Title Effects of treatment with long-acting muscarinic antagonists (LAMA) and long-acting beta-agonists (LABA) on lung function improvement in patients with bronchiectasis: An observational study		
6. Manuscript Identifying Number (if you know it) JTD-20-1282		

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Dr. Lee has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

JAE SEUNG

2. Surname (Last Name)

LEE

3. Date

13-July-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

5. Manuscript Title

Effects of treatment with long-acting muscarinic antagonists (LAMA) and long-acting beta-agonists (LABA) on lung function improvement in patients with bronchiectasis: An observational study

6. Manuscript Identifying Number (if you know it)

JTD-20-1282

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Are there any relevant conflicts of interest?

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1. Given Name (First Name)

Sei Won

2. Surname (Last Name)

Lee

3. Date

12-July-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Yeon-Mok Oh

5. Manuscript Title

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Yeon-Mok

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Oh

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