

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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Moon 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Seong Mi	2. Surname (Last Name) Moon	3. Date 15-August-2020
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Hyun Lee, Hye Yun Park
5. Manuscript Title Clinical impact of forced vital capacity of	on exercise performance in	n patients with chronic obstructive pulmonary disease
6. Manuscript Identifying Number (if you kr JTD-20-1098A	now it)	_
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Moon 2



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Lim 1



Section 1. Identifying Inform	mation	
1. Given Name (First Name) Jun Hyeok	2. Surname (Last Name) Lim	3. Date 15-August-2020
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Hyun Lee, Hye Yun Park
5. Manuscript Title Clinical impact of forced vital capacity	on exercise performance ir	n patients with chronic obstructive pulmonary disease
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any aspect of the submitted work (includin statistical analysis, etc.)? Are there any relevant conflicts of inter	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
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Hong 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Yun Soo	2. Surname (Last Name) Hong	3. Date 15-August-2020
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Hyun Lee, Hye Yun Park
5. Manuscript Title Clinical impact of forced vital capacity of	on exercise performance ir	patients with chronic obstructive pulmonary disease
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Shin 1



Section 1. Identifying Inform	nation	
Given Name (First Name) Kyeong-Cheol	2. Surname (Last Name) Shin	3. Date 15-August-2020
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Hyun Lee, Hye Yun Park
5. Manuscript Title Clinical impact of forced vital capacity of	on exercise performance ir	patients with chronic obstructive pulmonary disease
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Kim 1



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Do you have any patents, whether plan		

Kim 2



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Section 1. Identifying Inform	mation	
1. Given Name (First Name) Sang Haak	2. Surname (Last Name) Lee	3. Date 15-August-2020
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Hyun Lee, Hye Yun Park
5. Manuscript Title Clinical impact of forced vital capacity	on exercise performance ir	n patients with chronic obstructive pulmonary disease
6. Manuscript Identifying Number (if you k JTD-20-1098A	now it)	_
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any aspect of the submitted work (includin statistical analysis, etc.)? Are there any relevant conflicts of inter	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
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Jung 1



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5. Manuscript Title Clinical impact of forced vital capacity	on exercise performance in	patients with chronic obstructive pulmonary disease
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Given Name (First Name) Chang-Hoon	2. Surname (Last Name) Lee	3. Date 15-August-2020
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Hyun Lee, Hye Yun Park
5. Manuscript Title Clinical impact of forced vital capacity	on exercise performance ir	n patients with chronic obstructive pulmonary disease
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Yoo 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Kwang Ha	2. Surname (Last Name) Yoo	3. Date 15-August-2020
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Hyun Lee, Hye Yun Park
5. Manuscript Title Clinical impact of forced vital capacity of	on exercise performance in	patients with chronic obstructive pulmonary disease
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