

## ICMJE DISCLOSURE FORM

Date: May.16<sup>th</sup>,2021

Your Name: Youjin Chang

Manuscript Title: Predictors of Residual Pulmonary Vascular Obstruction after Anticoagulation Monotherapy in Patients with Intermediate-Risk Pulmonary Embolism

Manuscript number (if known): \_\_\_\_\_

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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**Please summarize the above conflict of interest in the following box:**

None.

**Please place an "X" next to the following statement to indicate your agreement:**

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## ICMJE DISCLOSURE FORM

Date: May.16<sup>th</sup>,2021

Your Name: Jae Young Moon

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Date: May.16<sup>th</sup>,2021

Your Name: Jae-Hyeong Park

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Date: May.16<sup>th</sup>,2021

Your Name: Sangbong Choi

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Date: May.16<sup>th</sup>,2021

Your Name: Hyuk Pyo Lee

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Date: May.16<sup>th</sup>,2021

Your Name: Jae Kyeom Sim

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