

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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None.

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ICMJE DISCLOSURE FORM

Date: May 24th, 2021

Your Name: Sei-Won Kim

Manuscript Title: Cross-sectional survey on home mechanical ventilator use: Major deficiencies in a home care system in South Korea

Manuscript number (if known): JTD-21-269

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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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u> X </u> None	
3	Royalties or licenses	<u> X </u> None	

4	Consulting fees	<input type="checkbox"/> <u>X</u> <input type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: May 24th, 2021

Your Name: Yun Su Sim

Manuscript Title: Cross-sectional survey on home mechanical ventilator use: Major deficiencies in a home care system in South Korea

Manuscript number (if known): JTD-21-269

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ICMJE DISCLOSURE FORM

Date: ___ May 24th, 2021 ___

Your Name: _ Tai Sun Park ___

Manuscript Title: ___ Cross-sectional survey on home mechanical ventilator use: Major deficiencies in a home care system in South Korea ___

Manuscript number (if known): _____ JTD-21-269 _____

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ICMJE DISCLOSURE FORM

Date: May 23th, 2021

Your Name: Young Seok Lee

Manuscript Title: Cross-sectional survey on home mechanical ventilator use: Major deficiencies in a home care system in South Korea

Manuscript number (if known): JTD-21-269

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ICMJE DISCLOSURE FORM

Date: May 23th, 2021

Your Name: Jick Hwan Ha

Manuscript Title: Cross-sectional survey on home mechanical ventilator use: Major deficiencies in a home care system in South Korea

Manuscript number (if known): JTD-21-269

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ICMJE DISCLOSURE FORM

Date: May 24th, 2021
 Your Name: Ji Young Park
 Manuscript Title: Cross-sectional survey on home mechanical ventilator use: Major deficiencies in a home care system in South Korea
 Manuscript number (if known): JTD-21-269

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ICMJE DISCLOSURE FORM

Date: May 24th, 2021

Your Name: Ki-Suck Jung

Manuscript Title: Cross-sectional survey on home mechanical ventilator use: Major deficiencies in a home care system in South Korea

Manuscript number (if known): JTD-21-269

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ICMJE DISCLOSURE FORM

Date: May 24th, 2021

Your Name: Sunghoon Park

Manuscript Title: Cross-sectional survey on home mechanical ventilator use: Major deficiencies in a home care system in South Korea

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