

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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) Taehee	2. Surname (Last Name) Kim	3. Date 30-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hayoung Choi
5. Manuscript Title Respiratory Symptoms and Health-related Quality of Life in Post-tuberculosis Subjects with Bronchiectasis: a cross-sectional study		
6. Manuscript Identifying Number (if you know it)		

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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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1. Given Name (First Name) Hyun	2. Surname (Last Name) Lee	3. Date 30-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hayoung Choi
5. Manuscript Title Respiratory Symptoms and Health-related Quality of Life in Post-tuberculosis Subjects with Bronchiectasis: a cross-sectional study		
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Section 1. Identifying Information

1. Given Name (First Name) Yun Su	2. Surname (Last Name) Sim	3. Date 30-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hayoung Choi
5. Manuscript Title Respiratory Symptoms and Health-related Quality of Life in Post-tuberculosis Subjects with Bronchiectasis: a cross-sectional study		
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1. Given Name (First Name) Bumhee	2. Surname (Last Name) Yang	3. Date 30-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hayoung Choi
5. Manuscript Title Respiratory Symptoms and Health-related Quality of Life in Post-tuberculosis Subjects with Bronchiectasis: a cross-sectional study		
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Dr. Park has nothing to disclose.

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1. Given Name (First Name)
Seung Won

2. Surname (Last Name)
Ra

3. Date
30-September-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Hayoung Choi

5. Manuscript Title
Respiratory Symptoms and Health-related Quality of Life in Post-tuberculosis Subjects with Bronchiectasis: a cross-sectional study

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Section 6. Disclosure Statement

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Dr. Ra has nothing to disclose.

Evaluation and Feedback

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ICMJJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Hyo Jun	2. Surname (Last Name) Jang	3. Date 30-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hayoung Choi
5. Manuscript Title Respiratory Symptoms and Health-related Quality of Life in Post-tuberculosis Subjects with Bronchiectasis: a cross-sectional study		
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Section 1. Identifying Information

1. Given Name (First Name) Seung-Jin	2. Surname (Last Name) Yoo	3. Date 30-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hayoung Choi
5. Manuscript Title Respiratory Symptoms and Health-related Quality of Life in Post-tuberculosis Subjects with Bronchiectasis: a cross-sectional study		
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Sang-Heon	2. Surname (Last Name) Kim	3. Date 30-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hayoung Choi
5. Manuscript Title Respiratory Symptoms and Health-related Quality of Life in Post-tuberculosis Subjects with Bronchiectasis: a cross-sectional study		
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Dr. Kim has nothing to disclose.

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ICMJJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jang Won	2. Surname (Last Name) Sohn	3. Date 30-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hayoung Choi
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Ho Joo

2. Surname (Last Name)

Yoon

3. Date

30-September-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Hayoung Choi

5. Manuscript Title

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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Yeon-Mok	2. Surname (Last Name) Oh	3. Date 30-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hayoung Choi
5. Manuscript Title Respiratory Symptoms and Health-related Quality of Life in Post-tuberculosis Subjects with Bronchiectasis: a cross-sectional study		
6. Manuscript Identifying Number (if you know it)		

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Yong-Soo	2. Surname (Last Name) Kwon	3. Date 30-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hayoung Choi
5. Manuscript Title Respiratory Symptoms and Health-related Quality of Life in Post-tuberculosis Subjects with Bronchiectasis: a cross-sectional study		
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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Section 1. Identifying Information

1. Given Name (First Name)
Hayoung

2. Surname (Last Name)
Choi

3. Date
30-September-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Respiratory Symptoms and Health-related Quality of Life in Post-tuberculosis Subjects with Bronchiectasis: a cross-sectional study

6. Manuscript Identifying Number (if you know it)

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