

ICMJE DISCLOSURE FORM

Date: 2021.10.25
 Your Name: Yoon Ki Cha
 Manuscript Title: Incidence and risk factors for sternal osteomyelitis after median sternotomy
 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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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
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13	Other financial or non-financial interests	___ None	

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None

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Date: 2021.10.25

Your Name: Min Suk Choi

Manuscript Title: Incidence and risk factors for sternal osteomyelitis after median sternotomy

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Your Name: So Hyeon Bak

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Date: 2021.10.25
 Your Name: Jeung Sook Kim
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