Date:\_\_\_\_\_April 12<sup>th</sup>, 2022\_\_\_\_\_ Your Name:\_\_\_\_Jungmin Yoo\_\_\_\_ Manuscript Title:\_\_\_\_\_\_Bacterial Etiology And Pneumococcal Urinary Antigen In Moderate Exacerbation of Chronic <u>Obstructive Pulmonary Disease</u>\_\_\_\_\_ 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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		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
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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

None.

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

Date:\_\_\_\_\_April 12<sup>th</sup>, 2022\_\_\_\_\_ Your Name:\_\_\_\_Chi Young Jung\_\_\_ Manuscript Title:\_\_\_\_\_\_Bacterial Etiology And Pneumococcal Urinary Antigen In Moderate Exacerbation of Chronic Obstructive Pulmonary Disease\_\_\_\_\_ Manuscript number (if known):\_\_\_\_\_\_

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12	materials, drugs, medical	X_None	
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
15	financial interests		

None.

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Date:\_\_\_\_\_April 12<sup>th</sup>, 2022\_\_\_\_\_ Your Name:\_\_\_\_Ju Ock Na\_\_\_ Manuscript Title:\_\_\_\_\_<u>Bacterial Etiology And Pneumococcal Urinary Antigen In Moderate Exacerbation of Chronic</u> <u>Obstructive Pulmonary Disease\_\_\_\_</u> Manuscript number (if known):\_\_\_\_\_

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0	testimony		
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12	materials, drugs, medical	X_None	
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
15	financial interests		

None.

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

Date:\_\_\_\_\_April 12<sup>th</sup>, 2022\_\_\_\_\_ Your Name:\_\_\_\_<u>Tae-Hyung Kim\_\_\_</u> Manuscript Title:\_\_\_\_\_<u>Bacterial Etiology And Pneumococcal Urinary Antigen In Moderate Exacerbation of Chronic Obstructive Pulmonary Disease\_\_\_\_\_ Manuscript number (if known):\_\_\_\_\_</u>

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9	Participation on a Data	XNone	
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10	Leadership or fiduciary role	XNone	
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12	Receipt of equipment,	V. Nono	
12	materials, drugs, medical	X_None	
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
15	financial interests		

None.

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

Date:\_\_\_\_\_April 12<sup>th</sup>, 2022\_\_\_\_\_ Your Name:\_\_\_\_Yeon-Mok Oh\_\_\_ Manuscript Title:\_\_\_\_\_\_Bacterial Etiology And Pneumococcal Urinary Antigen In Moderate Exacerbation of Chronic Obstructive Pulmonary Disease\_\_\_\_\_ Manuscript number (if known):\_\_\_\_\_\_

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	testimony		
7	Support for attending	X None	
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13	Other financial or non-	X None	
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None.

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

Date:\_\_\_\_\_April 12<sup>th</sup>, 2022\_\_\_\_\_ Your Name:\_\_\_\_Seung Won Ra\_\_\_\_ Manuscript Title:\_\_\_\_\_\_Bacterial Etiology And Pneumococcal Urinary Antigen In Moderate Exacerbation of Chronic Obstructive Pulmonary Disease\_\_\_\_\_ Manuscript number (if known):\_\_\_\_\_\_

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