Date:_ March 01, 2023
Your Name:_Ji-Yoon Oh
Manuscript Title:_ Codeine prescription pattern and treatment responses in patients with chronic cough: a routinely
collected institutional database analysis
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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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None	
		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	

		I	
5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
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7	Support for attending	None	
•	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
DI-	and a companies the above a	auflist of interest in the	following how

None

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

Date:_ March 01, 2023	
Your Name:_ Yu Ri Kang	
Manuscript Title: Codeine prescription pattern and treatment responses in patients with chronic cough:	a routinely
collected institutional database analysis	
Manuscript number (if known):	

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4	Consulting fees	None	

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	lectures, presentations,		
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	manuscript writing or		
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7	Support for attending	None	
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8	Patents planned, issued or	None	
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9	Participation on a Data	None	
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	Advisory Board		
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	materials, drugs, medical		
	writing, gifts or other		
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13	Other financial or non-	None	
	financial interests		
DI-	and a companies the above a	auflist of interest in the	following how

None

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

Date:_ March 01, 2023	
Your Name:_ Jin An	
Manuscript Title: Codeine prescription pattern and treatment responses in patients with chronic cough: a ro	utinel
collected institutional database analysis	
Manuscript number (if known):	_

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3	Royalties or licenses	None	
4	Consulting fees	None	

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7	Support for attending	None	
•	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
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10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
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13	Other financial or non-	None	
	financial interests		
DI-	and a companies the above a	auflist of interest in the	following how

None

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

Date:_ March 01, 2023	
Your Name:_ Eugene Choo	
Manuscript Title:_ Codeine prescription pattern and treatment responses in patients with chronic cough: a rou collected institutional database analysis	ıtinel
Manuscript number (if known):	_

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7	Support for attending	None	
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12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
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13	Other financial or non-	None	
	financial interests		
DI-	and a companies the above a	auflist of interest in the	following how

None

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

Date:_ March 01, 2023	
Your Name:_ Ji-Hyang Lee	
Manuscript Title: Codeine prescription pattern and treatment responses in patients with chronic	cough: a routinely
collected institutional database analysis	
Manuscript number (if known):	

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7	Support for attending	None	
•	meetings and/or travel		
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	materials, drugs, medical		
	writing, gifts or other		
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13	Other financial or non-	None	
	financial interests		
DI-	and a companies the above a	auflist of interest in the	following how

None

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

Date:_ March 01, 2023	
Your Name:_ Hyouk-Soo Kwon	
Manuscript Title:_ Codeine prescription pattern and treatment responses in patients with chronic cough: a r collected institutional database analysis	outinely
Manuscript number (if known):	_

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3	Royalties or licenses	None	
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	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
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7	Support for attending	None	
•	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
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11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
DI-	and a companies the above a	auflist of interest in the	following how

None

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Date:_ March 01, 2023
Your Name:_ Jae-Seung Lee
Manuscript Title:_ Codeine prescription pattern and treatment responses in patients with chronic cough: a routinel collected institutional database analysis
Manuscript number (if known):
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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	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

None		

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

Date:_ March 01, 2023	
Your Name:_ Sei Won Lee	
Manuscript Title: Codeine prescription pattern and treatment responses in patients with chronic cough: a	routinel
collected institutional database analysis	
Manuscript number (if known):	

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	provision of study materials, medical writing, article processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	None	
	in item #1 above).		
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	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

None		

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

Date:_ March 01, 2023	
Your Name:_ Tae-Bum Kim	
Manuscript Title:_ Codeine prescription pattern and treatment responses in patients with chronic collected institutional database analysis	c cough: a routinely —
Manuscript number (if known):	
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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	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

None		

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

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	item #1 below, report all su e time frame for disclosure i		ed in this manuscript without time limit. For all other ite	:ms,
		Name all entities with	Specifications/Comments	
		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)	
		Time frame: Since the initia	l planning of the work	
1	All support for the present manuscript (e.g., funding,	None		

Time frame: past 36 months

None

None

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provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.** 

Grants or contracts from

in item #1 above).

Consulting fees

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8	Patents planned, issued or	None	
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9	Participation on a Data	None	
,	Safety Monitoring Board or	None	
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10	Leadership or fiduciary role	None	
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	committee or advocacy		
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11	Stock or stock options	None	
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12	Receipt of equipment,	None	
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	writing, gifts or other		
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13	Other financial or non-	None	
	financial interests		
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None		

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

Date:_ March 01, 2023	
Your Name:_ You Sook Cho	
Manuscript Title:_ Codeine prescription patt	tern and treatment responses in patients with chronic cough: a routinely
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Manuscript number (if known):	

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6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

None		

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

Date:_ March 01, 2023	
Your Name:_ Sang-Do Lee	
Manuscript Title:_ Codeine prescription pattern and treatment responses in patients with chronic cough:	a routinely
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Manuscript number (if known):	

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7	Support for attending meetings and/or travel	None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non- financial interests	None	

None		

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

Date: March 01, 2023
Your Name: Woo-Jung Song
Manuscript Title: Codeine prescription pattern and treatment responses in patients with chronic cough: a routinely
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Manuscript number (if known):

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