

ICMJE DISCLOSURE FORM

Date: 10/31/2022 _____
 Your Name: Hyewon Seo _____
 Manuscript Title: Hemoptysis as the presenting manifestation of bronchiectasis-associated hospitalization _____
 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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Time frame: past 36 months			
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3	Royalties or licenses	X ___ None	
4	Consulting fees	X ___ None	

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Please summarize the above conflict of interest in the following box:

None declared.

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ICMJE DISCLOSURE FORM

Date: 10/31/2022_____

Your Name: Seung-Ick Cha_____

Manuscript Title: Hemoptysis as the presenting manifestation of bronchiectasis-associated hospitalization_____

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ICMJE DISCLOSURE FORM

Date: 10/31/2022_____

Your Name: Jongmin Park_____

Manuscript Title: Hemoptysis as the presenting manifestation of bronchiectasis-associated hospitalization_____

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Date: 10/31/2022_____

Your Name: Jae-Kwang Lim_____

Manuscript Title: Hemoptysis as the presenting manifestation of bronchiectasis-associated hospitalization_____

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ICMJE DISCLOSURE FORM

Date: 10/31/2022 _____

Your Name: Ji-Eun Park _____

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Date: 10/31/2022 _____
 Your Name: Sun Ha Choi _____
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Date: 10/31/2022_____

Your Name: Yong Hoon Lee_____

Manuscript Title: Hemoptysis as the presenting manifestation of bronchiectasis-associated hospitalization_____

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Date: 10/31/2022_____

Your Name: Seung-Soo Yoo_____

Manuscript Title: Hemoptysis as the presenting manifestation of bronchiectasis-associated hospitalization_____

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Date: 10/31/2022 _____
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Date: 10/31/2022 _____

Your Name: Jaehee Lee _____

Manuscript Title: Hemoptysis as the presenting manifestation of bronchiectasis-associated hospitalization _____

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Your Name: Chang-Ho Kim_____

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Your Name: Jae-Yong Park_____

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X ___ None	
13	Other financial or non-financial interests	X ___ None	

Please summarize the above conflict of interest in the following box:

None declared.

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

X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.