ICMJE DISCLOSURE FORM

Date: 2023/08/04	
Your Name: MIHEE LIM	
Manuscript Title: If a job's worth doing, it's worth doing well at optimal timing	
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.

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

	T	_		
	Payment or honoraria for lectures, presentations,	_ _ None		
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert testimony	_ ■ _None		
	testimony			
	-			
7	Support for attending meetings and/or travel	_ _ None		
8	Patents planned, issued or pending	_ ■ _None		
	pending			
_				
9	Participation on a Data Safety Monitoring Board or	_ None		
	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,	_ I _None		
	materials, drugs, medical writing, gifts or other			
	services			
13		■ None		
	financial interests			
Please summarize the above conflict of interest in the following box:				
	None			

None			

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.

ICMJE DISCLOSURE FORM

Date: 2023/08/04
Your Name: Hyung Gon Je
Manuscript Title: If a job's worth doing, it's worth doing well at optimal timing
Manuscript number (if known):

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

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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	
	testimony		
7	Comment for attending	_	
7	Support for attending meetings and/or travel	_ I None	
8	Patents planned, issued or pending	_ ■ _None	
	pending		
0	Doublein-bion on a Data	_	
9	Participation on a Data Safety Monitoring Board or	_ I _None	
	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,	—	
12	materials, drugs, medical	_ I _None	
	writing, gifts or other services		
13	Other financial or non-	■ None	
	financial interests	None	
Plea	Please summarize the above conflict of interest in the following box:		
N	lone		

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

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