

## ICMJE DISCLOSURE FORM

Date: 06/27/2023 \_\_\_\_\_

Your Name: Hyewon Seo \_\_\_\_\_

Manuscript Title: Clinical implications of wheezing in patients with chronic obstructive pulmonary disease

Manuscript number (if known): JTD-23-1031

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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None declared.

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Date: 06/27/2023 \_\_\_\_\_

Your Name: Youlim Kim \_\_\_\_\_

Manuscript Title: Clinical implications of wheezing in patients with chronic obstructive pulmonary disease

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Date: 06/27/2023 \_\_\_\_\_

Your Name: June Hong Ahn \_\_\_\_\_

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Your Name: Seung Won Ra \_\_\_\_\_

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Date: 06/27/2023 \_\_\_\_\_

Your Name: Yong Bum Park \_\_\_\_\_

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Date: 06/27/2023 \_\_\_\_\_

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Date: 06/27/2023 \_\_\_\_\_

Your Name: Ki Suck Jung \_\_\_\_\_

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Your Name: Jaehee Lee \_\_\_\_\_

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