ICMJE Form for Disclosure of Potential Conflicts of Interest

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4. **Intellectual Property.**

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. **Relationships not covered above.**

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Ha Youn
2. Surname (Last Name) Lee
3. Date 07-June-2020

4. Are you the corresponding author? ☑ No

Corresponding Author’s Name
Deog Kyeom Kim

5. Manuscript Title
The effect of Helicobacter pylori infection on the decline of lung function in a health screening population

6. Manuscript Identifying Number (if you know it)
APM-20-850

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Lee
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Dr. Lee has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Hye-Rin
2. Surname (Last Name)  Kang
3. Date  07-June-2020
4. Are you the corresponding author?  No
5. Manuscript Title
   The effect of Helicobacter pylori infection on the decline of lung function in a health screening population
6. Manuscript Identifying Number (if you know it)
   APM-20-850

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Section 1. Identifying Information

1. Given Name (First Name)
   Jung-Kyu
2. Surname (Last Name)
   Lee
3. Date
   07-June-2020

4. Are you the corresponding author?
   ☑ No
   Corresponding Author's Name
   Deog Kyeom Kim

5. Manuscript Title
   The effect of Helicobacter pylori infection on the decline of lung function in a health screening population

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Section 1. Identifying Information

1. Given Name (First Name)  
   Eun Young

2. Surname (Last Name)  
   Heo

3. Date  
   07-June-2020

4. Are you the corresponding author?  
   ✔ No

5. Manuscript Title  
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<thead>
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<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<td>Seung Ho</td>
<td>Choi</td>
<td>07-June-2020</td>
</tr>
</tbody>
</table>

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- **Other**: Anything not covered under the previous three boxes
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Section 1. Identifying Information

1. Given Name (First Name)  
   Deog Kyeom

2. Surname (Last Name)  
   Kim

3. Date  
   08-June-2020

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   The effect of Helicobacter pylori infection on the decline of lung function in a health screening population

6. Manuscript Identifying Number (if you know it)  
   APM-20-850

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Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?  
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Dr. Kim has nothing to disclose.

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