

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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3. Relevant financial activities outside the submitted work.

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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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Section 1. Identifying Information

1. Given Name (First Name)
Sun-Hyung

2. Surname (Last Name)
Kim

3. Date
12-November-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Ki Man Lee

5. Manuscript Title
Clinical profiles and outcomes of pulmonary tuberculosis patients with delayed treatment at a tertiary hospital in South Korea

6. Manuscript Identifying Number (if you know it)
APM-20-1521-CL

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
The research grant of the Chungbuk National University Hospital	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	funding

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Section 6. Disclosure Statement

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Dr. Kim reports grants from The research grant of the Chungbuk National University Hospital, during the conduct of the study; .

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Section 1. Identifying Information

1. Given Name (First Name)

Jinsoo

2. Surname (Last Name)

Min

3. Date

07-December-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Ki Man Lee

5. Manuscript Title

Clinical profiles and outcomes of pulmonary tuberculosis patients with delayed treatment at a tertiary hospital in South Korea

6. Manuscript Identifying Number (if you know it)

APM-20-1521-R2

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Dr. Min has nothing to disclose.Dr. Min has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jun Yeun	2. Surname (Last Name) Cho	3. Date 07-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ki Man Lee
5. Manuscript Title Clinical profiles and outcomes of pulmonary tuberculosis patients with delayed treatment at a tertiary hospital in South Korea		
6. Manuscript Identifying Number (if you know it) APM-20-1521-R2		

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Dr. Cho has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Hyeran	2. Surname (Last Name) Kang	3. Date 07-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ki Man Lee
5. Manuscript Title Clinical profiles and outcomes of pulmonary tuberculosis patients with delayed treatment at a tertiary hospital in South Korea		
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Dr. Kang has nothing to disclose.

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4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ki Man Lee
5. Manuscript Title Clinical profiles and outcomes of pulmonary tuberculosis patients with delayed treatment at a tertiary hospital in South Korea		
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Dr. Yang has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Yoon Mi	2. Surname (Last Name) Shin	3. Date 07-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ki Man Lee
5. Manuscript Title Clinical profiles and outcomes of pulmonary tuberculosis patients with delayed treatment at a tertiary hospital in South Korea		
6. Manuscript Identifying Number (if you know it) APM-20-1521-R2		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

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Section 1. Identifying Information

1. Given Name (First Name) Kang Hyeon	2. Surname (Last Name) Choe	3. Date 07-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ki Man Lee
5. Manuscript Title Clinical profiles and outcomes of pulmonary tuberculosis patients with delayed treatment at a tertiary hospital in South Korea		
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Section 4. Intellectual Property -- Patents & Copyrights

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Section 1. Identifying Information

1. Given Name (First Name)
Ki Man

2. Surname (Last Name)
Lee

3. Date
07-December-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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