

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Hee Jin

2. Surname (Last Name)  
Cheong

3. Date  
15-February-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
SARS-CoV-2 Infections in South Korea: Challenges with Subclinical Manifestations

6. Manuscript Identifying Number (if you know it)  
20-01801

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Dr. Cheong 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)  
Woo Joo

2. Surname (Last Name)  
Kim

3. Date  
15-February-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Hee Jin Cheong

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
20-01801

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Dr. Kim has nothing to disclose.

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1. Given Name (First Name)

Ji Yun

2. Surname (Last Name)

Noh

3. Date

15-February-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Hee Jin Cheong

5. Manuscript Title

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Dr. Noh has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name) Joon Young	2. Surname (Last Name) Song	3. Date 15-February-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hee Jin Cheong
5. Manuscript Title SARS-CoV-2 Infections in South Korea: Challenges with Subclinical Manifestations		
6. Manuscript Identifying Number (if you know it) 20-01801		

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Dr. Song has nothing to disclose.

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1. Given Name (First Name) Jin Gu	2. Surname (Last Name) Yun	3. Date 15-February-2020
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