

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

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

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## ICMJJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Joon-Yong	2. Surname (Last Name) Bae	3. Date 01-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jin-Won Chung
5. Manuscript Title Duration of Viable SARS-CoV-2 in Hospitalized Patients with COVID-19		
6. Manuscript Identifying Number (if you know it) 20-27040		

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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

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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Dr. Bae has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name) Seong-Ho	2. Surname (Last Name) Choi	3. Date 01-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jin-Won Chung
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### Section 1. Identifying Information

1. Given Name (First Name)

Jin-Won

2. Surname (Last Name)

Chung

3. Date

01-January-2021

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Duration of Viable SARS-CoV-2 in Hospitalized Patients with COVID-19

6. Manuscript Identifying Number (if you know it)

20-27040

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1. Given Name (First Name) Chunguang	2. Surname (Last Name) Cui	3. Date 01-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jin-Won Chung
5. Manuscript Title Duration of Viable SARS-CoV-2 in Hospitalized Patients with COVID-19		
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Dr. Cui has nothing to disclose.

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**Other:** Anything not covered under the previous three boxes

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**Royalties:** Funds are coming in to you or your institution due to your patent



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Min-Chul

2. Surname (Last Name)  
Kim

3. Date  
01-January-2021

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Jin-Won Chung

5. Manuscript Title  
Duration of Viable SARS-CoV-2 in Hospitalized Patients with COVID-19

6. Manuscript Identifying Number (if you know it)  
20-27040

### Section 2. The Work Under Consideration for Publication

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.)?

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
Chung-Ang University Research Grants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	granter: Min-Chul Kim

### 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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Kim reports grants from Chung-Ang University Research Grants, during the conduct of the study.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Oh Joo	2. Surname (Last Name) Kweon	3. Date 01-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jin-Won Chung
5. Manuscript Title Duration of Viable SARS-CoV-2 in Hospitalized Patients with COVID-19		
6. Manuscript Identifying Number (if you know it) 20-27040		

### 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

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No



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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Kweon has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Mi-Kyung	2. Surname (Last Name) Lee	3. Date 01-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jin-Won Chung
5. Manuscript Title Duration of Viable SARS-CoV-2 in Hospitalized Patients with COVID-19		
6. Manuscript Identifying Number (if you know it) 20-27040		

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

### Section 3. Relevant financial activities outside the submitted work.

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No



## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Lee 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)  
Man-Seong

2. Surname (Last Name)  
Park

3. Date  
01-January-2021

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Jin-Won Chung

5. Manuscript Title  
Duration of Viable SARS-CoV-2 in Hospitalized Patients with COVID-19

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20-27040

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
National Research Foundation of Korea (NRF)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grant No. NRF-2018M3A9H4056537, granter: Man-Seong Park

### Section 3. Relevant financial activities outside the submitted work.

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No



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Dr. Park reports grants from National Research Foundation of Korea (NRF), during the conduct of the study.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Kyeong Ryeol

2. Surname (Last Name)  
Shin

3. Date  
01-January-2021

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Jin-Won Chung

5. Manuscript Title  
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20-27040

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Dr. Shin has nothing to disclose.

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