

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Jin-Won	2. Surname (Last Name) Noh	3. Date 19-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Young Dae Kwon
5. Manuscript Title Association between lower urinary tract symptoms and cigarette smoking or alcohol drinking		
6. Manuscript Identifying Number (if you know it) TAU-19-678		

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Dr. Kim has nothing to disclose.

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1. Given Name (First Name) Ki-Bong	2. Surname (Last Name) Yoo	3. Date 19-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jae Heon Kim
5. Manuscript Title Association between lower urinary tract symptoms and cigarette smoking or alcohol drinking		
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Ki-Bong Yoo has nothing to disclose.

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1. Given Name (First Name) Kyoung-Beom	2. Surname (Last Name) Kim	3. Date 18-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Young Dae Kwon
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