

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) Jin-Won	2. Surname (Last Name) Noh	3. Date 02-April-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 sodium intake and lower urinary tract symptoms: Does less sodium intake have a favorable effect or not?		
6. Manuscript Identifying Number (if you know it) TAU-19-808		

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1. Given Name (First Name) Kyoung-Beom	2. Surname (Last Name) Kim	3. Date 02-April-2020
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1. Given Name (First Name)
Young Dae

2. Surname (Last Name)
Kwon

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02-April-2020

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Corresponding Author's Name
Jae Heon Kim

5. Manuscript Title
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