ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  ○ Hyunsoo
2. Surname (Last Name)     Kim
3. Date 18-April-2020
4. Are you the corresponding author?   ☑ No
   Corresponding Author’s Name
   Woon Heo
5. Manuscript Title
   Case report: left monoplegia in acute type B aortic dissection
6. Manuscript Identifying Number (if you know it)
   ACR-20-31

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?       ☑ No

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Section 6. Disclosure Statement

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Dr. Kim has nothing to disclose.

Evaluation and Feedback

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Woon

2. Surname (Last Name)  
   Heo

3. Date  
   19-April-2020

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Case report: Left monoplegia in Acute Type B Aortic Dissection

6. Manuscript Identifying Number (if you know it)  
   ACR-20-31

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

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Are there any relevant conflicts of interest?  
   ✔ Yes  
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### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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   No
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Dr. Heo has nothing to disclose.

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Suk-Won

2. Surname (Last Name)  
Song

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19-April-2020

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   Kyung-jong

2. Surname (Last Name)  
   Yoo

3. Date  
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