ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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## Section 1. Identifying Information

| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date |
|---------------------------|------------------------|---------|
| Hong Sang                 | Choi                   | 08-May-2020 |

4. Are you the corresponding author? [ ] Yes [x] No

Corresponding Author’s Name: Eun Hui Bae

5. Manuscript Title
Atypical hemolytic uremic syndrome after child birth: a case report

6. Manuscript Identifying Number (if you know it)
ATM-20-3789

## Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? [ ] Yes [x] No

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Dr. Choi has nothing to disclose.

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### Section 1. Identifying Information

| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date       |
|---------------------------|------------------------|---------------|
| Jae Won                   | Yun                    | 07-May-2020   |

4. Are you the corresponding author? [X] Yes [ ] No

5. Manuscript Title
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Dr. Yun has nothing to disclose.

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Kim
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Hee-Jin

2. Surname (Last Name)  
Kim

3. Date  
07-May-2020

4. Are you the corresponding author?  
☑ No

Corresponding Author's Name  
Eun Hui Bae

5. Manuscript Title  
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Dr. Kim 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)  Doyeun
2. Surname (Last Name)  Oh
3. Date  07-May-2020
4. Are you the corresponding author?  □ Yes  ✔ No
   Corresponding Author’s Name  Eun Hui Bae
5. Manuscript Title  Atypical hemolytic uremic syndrome after child birth: a case report
6. Manuscript Identifying Number (if you know it)  ATM-20-3789

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Dr. Oh has nothing to disclose.

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1. Given Name (First Name)  
   Nah Ihm

2. Surname (Last Name)  
   Kim

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   ✔ No

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. **Given Name (First Name)**  
   Chang Seong  
2. **Surname (Last Name)**  
   Kim  
3. **Date**  
   08-May-2020  
4. **Are you the corresponding author?**  
   ☑ No  
   **Corresponding Author’s Name**  
   Eun Hui Bae  
5. **Manuscript Title**  
   Atypical hemolytic uremic syndrome after child birth: a case report  
6. **Manuscript Identifying Number (if you know it)**  
   ATM-20-3789

## 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

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

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Are there any relevant conflicts of interest?  
☐ Yes  
☑ No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
☐ Yes  
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Dr. Kim has nothing to disclose.

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### Section 1. Identifying Information

1. **Given Name (First Name)***
   - Seong Kwon

2. **Surname (Last Name)***
   - Ma

3. **Date***
   - 08-May-2020

4. **Are you the corresponding author?***
   - No

5. **Manuscript Title***
   - Atypical hemolytic uremic syndrome after child birth: a case report

6. **Manuscript Identifying Number (if you know it)***
   - ATM-20-3789

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

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- Yes  
- No

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- No
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## Identifying Information

1. Given Name (First Name)  
   Soo Wan  

2. Surname (Last Name)  
   Kim  

3. Date  
   08-May-2020  

4. Are you the corresponding author?  
   ☑ No  

5. Manuscript Title  
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Section 1. Identifying Information

1. Given Name (First Name)  
   Eun Hui

2. Surname (Last Name)  
   Bae

3. Date  
   08-May-2020

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
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Dr. Bae has nothing to disclose.

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