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)  
   Hoon

2. Surname (Last Name)  
   Choi

3. Date  
   20-March-2020

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

5. Manuscript Title  
   Health-related quality of life after radical cystectomy

6. Manuscript Identifying Number (if you know it)  
   TAU-2019-MIBC-06(TAU-19-665)

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Dr. Choi has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Jae Young

2. Surname (Last Name)  
Park

3. Date  
20-March-2020

4. Are you the corresponding author?  
☑ Yes  ☐ No

5. Manuscript Title  
Health-related quality of life after radical cystectomy

6. Manuscript Identifying Number (if you know it)  
TAU-2019-MIBC-06(TAU-19-665)

Section 2. The Work Under Consideration for Publication

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Dr. Park has nothing to disclose.

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1. Given Name (First Name)  
   Jae Hyun  
2. Surname (Last Name)  
   Bae  
3. Date  
   20-March-2020  
4. Are you the corresponding author?  
   ☐ Yes   ☑ No  
   Corresponding Author’s Name

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   Bum Sik

2. Surname (Last Name)  
   Tae

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   Yes [ ] No [X]

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