ICMJE DISCLOSURE FORM

Date: ___Feb. 17th, 2022
Your Name: ___Youlim Kim
Manuscript Title: Ambulatory oxygen therapy with documented self-monitoring of oxygen use improves health status among patients with COPD
Manuscript number (if known): _ JTD-21-1878

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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|   | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.** | _X__None                                                                         |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                      | _X__None                                                                         |
| 3 | Royalties or licenses                                                                         | _X__None                                                                         |

**Time frame: Since the initial planning of the work**

**Time frame: past 36 months**
|   |                                                                 |   |
|---|-----------------------------------------------------------------|---|
| 4 | Consulting fees                                                 | _X_None |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_None |
| 6 | Payment for expert testimony                                     | _X_None |
| 7 | Support for attending meetings and/or travel                     | _X_None |
| 8 | Patents planned, issued or pending                               | _X_None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | _X_None |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_None |
|11 | Stock or stock options                                          | _X_None |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_None |
|13 | Other financial or non-financial interests                       | _X_None |

Please summarize the above conflict of interest in the following box:

The author has no conflicts of interest to declare.

Please place an “X” next to the following statement to indicate your agreement:

___X___ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date: _____Feb. 17th, 2022
Your Name: ___ Hye Yun Park
Manuscript Title: Ambulatory oxygen therapy with documented self-monitoring of oxygen use improves health status among patients with COPD
Manuscript number (if known): __JTD-21-1878

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Date: _____Feb. 17th, 2022
Your Name: ___ Chin Kook Rhee
Manuscript Title: Ambulatory oxygen therapy with documented self-monitoring of oxygen use improves health status among patients with COPD
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Date: _____Feb. 17\textsuperscript{th}, 2022
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Manuscript Title: Ambulatory oxygen therapy with documented self-monitoring of oxygen use improves health status among patients with COPD
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Date: _____Feb. 17th, 2022
Your Name: ___Kwang Ha Yoo
Manuscript Title: Ambulatory oxygen therapy with documented self-monitoring of oxygen use improves health status among patients with COPD
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|   |                                                                                     |                                                                                 |
|   |   |   |
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Date: ____Feb. 17th, 2022  
Your Name: ___Seong Yong Lim  
Manuscript Title: Ambulatory oxygen therapy with documented self-monitoring of oxygen use improves health status among patients with COPD  
Manuscript number (if known): __JTD-21-1878

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| 3 | Royalties or licenses | _X__None |
|   | Description                                                                 | Response |
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Date: ____Feb. 17th, 2022
Your Name: ___Yee Hyung Kim
Manuscript Title: Ambulatory oxygen therapy with documented self-monitoring of oxygen use improves health status among patients with COPD
Manuscript number (if known): ____JTD-21-1878

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Date: ____Feb. 17th, 2022
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Manuscript Title: Ambulatory oxygen therapy with documented self-monitoring of oxygen use improves health status among patients with COPD
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Date: ____Feb. 17th, 2022
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Your Name: ___Yong Il Hwang
Manuscript Title: Ambulatory oxygen therapy with documented self-monitoring of oxygen use improves health status among patients with COPD
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