ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 1. Identifying Information

1. Given Name (First Name)  Eunyoung
2. Surname (Last Name)  Lee
3. Date  28-April-2020

4. Are you the corresponding author?  ☑ No

Corresponding Author’s Name  Joo Hun Park

5. Manuscript Title
Blood lead levels in relation to smoking and COPD: A study from Korean National Health and Nutrition Examination Survey (KNHANES).

6. Manuscript Identifying Number (if you know it)
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   Bumhee

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   Park

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|---------------------------|------------------------|-----------------------|
| Woo Young                | Chung                  | 28-April-2020         |

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   Ji Eun  
2. Surname (Last Name)  
   Park  
3. Date  
   28-April-2020  
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   Yes [ ]  
   No [X]  
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   Hwang

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**Royalties:** Funds are coming in to you or your institution due to your patent
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Section 1. Identifying Information

1. Given Name (First Name)  Kwang Joo
2. Surname (Last Name)  Park
3. Date  28-April-2020

4. Are you the corresponding author?  Yes  ☑ No
   Corresponding Author’s Name  Joo Hun Park

5. Manuscript Title
   Blood lead levels in relation to smoking and COPD: A study from Korean National Health and Nutrition Examination Survey (KNHANES).

6. Manuscript Identifying Number (if you know it)
   JTD-20-739-R2.

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

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  ☑ Yes  ☑ No
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Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Section 6. Disclosure Statement

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Dr. Park has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Seung Soo

2. Surname (Last Name)  
Sheen

3. Date  
28-April-2020

4. Are you the corresponding author?  
☑ No

Corresponding Author’s Name  
Joo Hun Park

5. Manuscript Title  
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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Song Vogue  
2. Surname (Last Name)  
   Ahn  
3. Date  
   29-April-2020  
4. Are you the corresponding author?  
   ✔ No  
   Corresponding Author’s Name  
   Ju Hun Park  
5. Manuscript Title  
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Jae Bum

2. Surname (Last Name)  
Park

3. Date  
28-April-2020

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

Corresponding Author’s Name
Joo Hun Park

5. Manuscript Title  
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### Section 1. Identifying Information

1. **Given Name (First Name)**
   Chul Min

2. **Surname (Last Name)**
   Ahn

3. **Date**
   28-April-2020

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

- **Corresponding Author's Name**
  Joo Hun Park

5. **Manuscript Title**
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Section 1. Identifying Information

1. Given Name (First Name)  
   Sang Haak

2. Surname (Last Name)  
   Lee

3. Date  
   28-April-2020

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

Corresponding Author’s Name  
   Joo Hun Park

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Section 1. Identifying Information

1. Given Name (First Name)  
   Jae Yeol

2. Surname (Last Name)  
   Kim

3. Date  
   28-April-2020

4. Are you the corresponding author?  
   ☑ No

5. Manuscript Title  
   Blood lead levels in relation to smoking and COPD: A study from Korean National Health and Nutrition Examination Survey (KNHANES).

6. Manuscript Identifying Number (if you know it)  
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| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date          |
|---------------------------|------------------------|-----------------|
| Eun Mi                   | Chun                   | 29-April-2020   |

4. Are you the corresponding author? □ Yes ✔ No

Corresponding Author’s Name
Joo Hun Park

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

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1. Given Name (First Name)  
   Young Sik

2. Surname (Last Name)  
   Park

3. Date  
   28-April-2020

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

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   Joo Hun Park

5. Manuscript Title
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Section 1. Identifying Information

1. Given Name (First Name)  Kwang Ha
2. Surname (Last Name)  Yoo
3. Date  28-April-2020
4. Are you the corresponding author?  Yes  No  ✔
   Corresponding Author’s Name  Joo Hun Park
5. Manuscript Title
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2. Surname (Last Name)  Yoon
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### Identifying Information

1. Given Name (First Name)  
   **Joo Hun**

2. Surname (Last Name)  
   **Park**

3. Date  
   **28-April-2020**

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Blood lead levels in relation to smoking and COPD: A study from Korean National Health and Nutrition Examination Survey (KNHANES).

6. Manuscript Identifying Number (if you know it)  
   **JTD-20-739-R2.**

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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.)?

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