ICMJE DISCLOSURE FORM

Date: May 22, 2021
Your Name: Kyunghyun Song
Manuscript Title: Cross-sectional survey on home mechanical ventilator use: Major deficiencies in a home care system in South Korea
Manuscript number (if known): JTD-21-269

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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|------|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| 1    | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br>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                                                                     |
| 4    | Consulting fees                                                                             | _X_ None                                                                     |
|   | Description                                                                 | Option  |
|---|------------------------------------------------------------------------------|---------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None    |
| 6 | Payment for expert testimony                                                  | None    |
| 7 | Support for attending meetings and/or travel                                  | None    |
| 8 | Patents planned, issued or pending                                            | None    |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board             | None    |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None    |
| 11| Stock or stock options                                                        | None    |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | None    |
| 13| Other financial or non-financial interests                                     | None    |

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

None.

**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.
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| 2 | Grants or contracts from any entity(if not indicated in item #1 above). | _X__None | |
| 3 | Royalties or licenses | _X__None | |
|   | Description                                                                 | X | Notes |
|---|---------------------------------------------------------------------------|---|-------|
| 4 | Consulting fees                                                           | X | None  |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus,       | X | None  |
|    | manuscript writing or educational events                                  |   |       |
| 6 | Payment for expert testimony                                              | X | None  |
| 7 | Support for attending meetings and/or travel                              |   | WITHMED cooperation |
|    |                                                                           |   | The company supported for authors’ meetings and patient contact. |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board          | X | None  |
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|    | advocacy group, paid or unpaid                                             |   |       |
| 11| Stock or stock options                                                    | X | None  |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other   | X | None  |
|    | services                                                                   |   |       |
| 13| Other financial or non-financial interests                                 | X | None  |

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ICMJE DISCLOSURE FORM

Date:______May 24th, 2021____
Your Name:__ Yun Su Sim___
Manuscript Title:__ Cross-sectional survey on home mechanical ventilator use: Major deficiencies in a home care system in South Korea __
Manuscript number (if known):____________JTD-21-269______________________________________________

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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| 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
|   | Description                                                                 | Answer |
|---|-----------------------------------------------------------------------------|--------|
| 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                                | WITHMED cooperation |
|   | The company supported for authors’ meetings and patient contact.            |        |
| 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 |

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Date:____May 24th, 2021____
Your Name: _ Tai Sun Park____
Manuscript Title: __Cross-sectional survey on home mechanical ventilator use: Major deficiencies in a home care system in South Korea ____
Manuscript number (if known): ______________JTD-21-269________________________________________

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|---|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
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|   | **No time limit for this item.** |                                                                                  |

|   | **Time frame: past 36 months** |                                                                                  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _X_ None                                                                           |
| 3 | Royalties or licenses | _X_ None                                                                           |
| 4 | Consulting fees | _X_ None                                                                           |
|   |                                                                 |   |
|---|-----------------------------------------------------------------|---|
| 5 | Payment or honoraria for lectures, presentations, speakers     | None |
|   | bureaus, manuscript writing or educational events              |   |
| 6 | Payment for expert testimony                                   | None |
| 7 | Support for attending meetings and/or travel                   | None |
| 8 | Patents planned, issued or pending                             | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory    | None |
|   | Board                                                            |   |
| 10| Leadership or fiduciary role in other board, society, committee| None |
|   | or advocacy group, paid or unpaid                               |   |
| 11| Stock or stock options                                         | None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts  | None |
|   | or other services                                               |   |
| 13| Other financial or non-financial interests                      | None |

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Date: May 23rd, 2021
Your Name: Young Seok Lee
Manuscript Title: Cross-sectional survey on home mechanical ventilator use: Major deficiencies in a home care system in South Korea
Manuscript number (if known): JTD-21-269

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| 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                                                                            |
| 4 | Consulting fees                                                                                | X None                                                                            |
Please summarize the above conflict of interest in the following box:

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Date: May 23rd, 2021
Your Name: Jick Hwan Ha
Manuscript Title: Cross-sectional survey on home mechanical ventilator use: Major deficiencies in a home care system in South Korea
Manuscript number (if known): JTD-21-269

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| 3    | Royalties or licenses                                                                          | _X_ None |
| 4    | Consulting fees                                                                               | _X_ None |
|   | Statement                                                                 | X | None |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus,     | X  | None |
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| 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       | X  | None |
|   | advocacy group, paid or unpaid                                            |    |      |
| 11| Stock or stock options                                                    | X  | None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other   | X  | None |
|   | services                                                                  |    |      |
| 13| Other financial or non-financial interests                                 | X  | None |

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Date:______May 24th, 2021_____  
Your Name:__ Ji Young Park ____  
Manuscript Title:__ Cross-sectional survey on home mechanical ventilator use: Major deficiencies in a home care system in South Korea ____  
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|   | No time limit for this item.                                                                    |                                                                                     |
| 2 | Grants or contracts from any entity(if not indicated in item #1 above).                        | _X_ None                                                                             |
| 3 | Royalties or licenses                                                                           | _X_ None                                                                             |
| 4 | Consulting fees                                                                                 | _X_ None                                                                             |

Time frame: Since the initial planning of the work

Time frame: past 36 months
|   | Question                                                                 | Answer  |
|---|--------------------------------------------------------------------------|---------|
| 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 |
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Date: ____ May 24th, 2021 ____
Your Name: __ Ki-Suck Jung ____
Manuscript Title: __ Cross-sectional survey on home mechanical ventilator use: Major deficiencies in a home care system in South Korea ____
Manuscript number (if known): ________________JTD-21-269__________________________

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|   |   | Time frame: past 36 months                                                             |
|---|---|----------------------------------------------------------------------------------|
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | _X__None                                                                       |
| 3 | Royalties or licenses                                                                 | _X__None                                                                       |
| 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 |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X None |
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X I certify that I have answered every question and have not altered the wording of any of the questions on this form.
Date:____May 24th, 2021____

Your Name: _ Sunghoon Park ____
Manuscript Title: _ Cross-sectional survey on home mechanical ventilator use: Major deficiencies in a home care system in South Korea ____
Manuscript number (if known): _______________JTD-21-269_________________________________________________

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|        | **WITHMED cooperation**                                                       |                                                                                       |
|        | **No time limit for this item.**                                              |                                                                                       |
| 2      | Grants or contracts from any entity (if not indicated in item #1 above).      | X None                                                                                  |
| 3      | Royalties or licenses                                                         | X None                                                                                  |
|   | Question                                                                 | Answer | Additional Information |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus,    | WITHMED cooperation | I received honoraria for a lecture from WITHMED. |
|   | manuscript writing or educational events                                |        |                        |
| 6 | Payment for expert testimony                                           | _X_None |                        |
| 7 | Support for attending meetings and/or travel                           | WITHMED cooperation | They supported for authors’ meetings and patient contact. |
|   |                                                                         |        |                        |
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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board      | _X_None |                        |
| 10| Leadership or fiduciary role in other board, society, committee or     | _X_None |                        |
|   | advocacy group, paid or unpaid                                         |        |                        |
| 11| Stock or stock options                                                 | _X_None |                        |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or      | _X_None |                        |
|   | other services                                                         |        |                        |
| 13| Other financial or non-financial interests                              | _X_None |                        |

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I received honoraria for a lecture from WITHMED cooperation.

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