

KOREAN JOURNAL OF NEUROTRAUMA

Form for Disclosure of Potential Conflict of Interest

Purpose of this form

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. Corresponding author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. **It is made and based on the form of ICMJE that is translated by KAMJE.**

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the institution to where you belong and your institution must not receive any funds from the third party. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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