



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1: Identifying Information

1. Given Name (First Name)      2. Surname (Last Name)      3. Date  
Young, ung      Kim      29-November-2017
4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Jungjin Kim
5. Manuscript Title  
Practical Outpatient Pharmacotherapy for Alcohol Use Disorder
6. Manuscript Identifying Number (if you know it)

### Section 2: Work Under Consideration for Publication

- 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.)?
- Are there any relevant conflicts of interest?     Yes     No

### Section 3: Financial Relationships with Entities

- Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.
- 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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1: Relationships from sources of bias

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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 No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

### Section 2: Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Kim has nothing to disclose.

*George Engle* 11/29/17

### Section 3: Your Name and Address

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) \_\_\_\_\_  
Laura
2. Surname (Last Name) \_\_\_\_\_  
Hack
3. Date \_\_\_\_\_  
30-November-2017
4. Are you the corresponding author?  Yes  No Corresponding Author's Name \_\_\_\_\_  
Jungjin Kim
5. Manuscript Title \_\_\_\_\_  
Practical Outpatient Pharmacotherapy for Alcohol Use Disorder
6. Manuscript Identifying Number (if you know it) \_\_\_\_\_

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Hack has nothing to disclose.

Laura M. Hack  
Laura M. Hack  
11/30/17

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Elizabeth  
2. Surname (Last Name) Ahn  
3. Date 29-November-2017
4. Are you the corresponding author?  Yes  No Corresponding Author's Name  
Dr. Jungjin Kim, MD
5. Manuscript Title  
Practical Outpatient Pharmacotherapy for Alcohol Use Disorder
6. Manuscript Identifying Number (if you know it)

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Dr. Ahn has nothing to disclose.

### Evaluation and Feedback

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11/29/2017

Dr. Elizabeth Soyeon Ahn, M.D.



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

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Jungjin Kim 30-November-2017
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Dr. Kim has nothing to disclose.

*Jungmin Kim, MD.*

*11/30/19*

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