ICMJE Form for Disclosure of Potential Conflicts of Interest

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tbody>
<tr>
<td>Young, Jung</td>
<td>Kim</td>
<td>29-November-2017</td>
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</table>

4. Are you the corresponding author?  [ ] Yes  [x] 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)

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Dr. Kim has nothing to disclose.

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**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
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Laura M. Hack
11/30/17

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1. Given Name (First Name)  
   Elizabeth

2. Surname (Last Name)  
   Ahn

3. Date  
   29-November-2017

4. Are you the corresponding author?  
   [ ] Yes  [x] No  
   Corresponding Author's Name  
   Dr. Jungjin Kim, MD

5. Manuscript Title  
   Practical Outpatient Pharmacotherapy for Alcohol Use Disorder

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Dr. Elizabeth Soyoung Ahn, M.D.

11/24/2017
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Section 1. Identifying Information

1. Given Name (First Name)  
   Jungjin

2. Surname (Last Name)  
   Kim

3. Date  
   30-November-2017

4. Are you the corresponding author?  
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Jang Jin Kim, M.D.

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