

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Kwangho

2. Surname (Last Name)
Chung

3. Date
14-November-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Osteochondral Fracture of Posterior Aspect of Lateral Femoral Condyle Following Lateral Patella Dislocation: A Case Report

6. Manuscript Identifying Number (if you know it)
CC-D-18-00366

Section 2. The Work Under Consideration for Publication

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Section 6. Disclosure Statement

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Dr. Chung has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) Sang-Hoon	2. Surname (Last Name) Park	3. Date 14-November-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kwangho Chung
5. Manuscript Title Osteochondral Fracture of Posterior Aspect of Lateral Femoral Condyle Following Lateral Patella Dislocation: A Case Report		
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Dr. Park has nothing to disclose.

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1. Given Name (First Name) Ju-Hyung	2. Surname (Last Name) Yoo	3. Date 14-November-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kwangho Chung
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