

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Jeong Woo

2. Surname (Last Name)  
Kim

3. Date  
12-May-2016

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Surgical Technique for Arthroscopic Lateral Collateral Ligament Repair

6. Manuscript Identifying Number (if you know it)

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Dr. Kim has nothing to disclose.

### Evaluation and Feedback

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### Section 1. Identifying Information

1. Given Name (First Name)

jin sung

2. Surname (Last Name)

Park

3. Date

12-May-2016

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Jeong woo Kim

5. Manuscript Title

Surgical Technique for Arthroscopic Lateral Collateral Ligament Repair

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1. Given Name (First Name) Se jin	2. Surname (Last Name) kim	3. Date 12-May-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jeong woo Kim
5. Manuscript Title Surgical Technique for Arthroscopic Lateral Collateral Ligament Repair		
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1. Given Name (First Name) Sung hyun	2. Surname (Last Name) Lee	3. Date 12-May-2016
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