

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) Tae-Keun	2. Surname (Last Name) Ahn	3. Date 03-December-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Woo-Chun Lee
5. Manuscript Title Distal Tibial Osteotomy without Fibular Osteotomy for Medial Ankle Arthritis with Mortise Widening		
6. Manuscript Identifying Number (if you know it)		

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1. Given Name (First Name) Jae-Ho	2. Surname (Last Name) Cho	3. Date 03-December-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Woo-Chun Lee
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1. Given Name (First Name)
Woo-Chun

2. Surname (Last Name)
Lee

3. Date
03-December-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title
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