

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Won Joon	2. Surname (Last Name) Yoo	3. Date 24-January-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name In Ho Choi
5. Manuscript Title Primary Epiphyseal Osteomyelitis Caused by Mycobacterium Species in Otherwise Healthy Toddlers		
6. Manuscript Identifying Number (if you know it) JBJS-D-13-01186R2		

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Section 1. Identifying Information

1. Given Name (First Name)

Yeo-Hon

2. Surname (Last Name)

Yun

3. Date

24-January-2014

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

In Ho Choi

5. Manuscript Title

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Hoan Jong	2. Surname (Last Name) Lee	3. Date 24-January-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name In Ho Choi
5. Manuscript Title Primary Epiphyseal Osteomyelitis Caused by Mycobacterium Species in Otherwise Healthy Toddlers		
6. Manuscript Identifying Number (if you know it) JBJS-D-13-01186R2		

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Dr. Lee has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Chin Youb	2. Surname (Last Name) Chung	3. Date 24-January-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name In Ho Choi
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) Tae-Joon	2. Surname (Last Name) Cho	3. Date 24-January-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name In Ho Choi
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
In Ho

2. Surname (Last Name)
Choi

3. Date
24-January-2014

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
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Choi

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☐ Yes

☒ No

Corresponding Author's Name

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Section 6. Disclosure Statement

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Dr. Cheon has nothing to disclose.

Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.