

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Given Name (First Name) Hong Je	2. Surname (Last Name) Kang	3. Date 24-September-2015
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 Arthroscopic Lateral Collateral Ligament Repair		
6. Manuscript Identifying Number (if you know it) JBJS-D-15-00811R1		

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1. Given Name (First Name) Min Su	2. Surname (Last Name) Joo	3. Date 24-September-2015
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 Arthroscopic Lateral Collateral Ligament Repair		
6. Manuscript Identifying Number (if you know it) JBJS-D-15-00811R1		

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1. Given Name (First Name)
Tae Kyun

2. Surname (Last Name)
Kim

3. Date
24-September-2015

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1. Given Name (First Name) Young	2. Surname (Last Name) Yi	3. Date 24-July-2015
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 Arthroscopic Lateral Ulnar Collateral Ligament Repair		
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