

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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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 01-February-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 A Cohort Study of Patients Undergoing Low Oblique Tibial Osteotomy without Fibular Osteotomy (Mortise-Plasty) for Medial Ankle Arthritis with Mortise Widening from Intra-articular Erosion		
6. Manuscript Identifying Number (if you know it) JBJS-D-13-01360		

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Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inje university

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Ahn reports grants from null, during the conduct of the study; .

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Section 1. Identifying Information

1. Given Name (First Name) Jae-Ho	2. Surname (Last Name) Cho	3. Date 01-February-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 A Cohort Study of Patients Undergoing Low Oblique Tibial Osteotomy without Fibular Osteotomy (Mortise-Plasty) for Medial Ankle Arthritis with Mortise Widening from Intra-articular Erosion		
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1. Given Name (First Name)

Woo-Chun

2. Surname (Last Name)

Lee

3. Date

01-February-2014

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

A Cohort Study of Patients Undergoing Low Oblique Tibial Osteotomy without Fibular Osteotomy (Mortise-Plasty) for Medial Ankle Arthritis with Mortise Widening from Intra-articular Erosion

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1. Given Name (First Name) Young	2. Surname (Last Name) Yi	3. Date 01-February-2014
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5. Manuscript Title A Cohort Study of Patients Undergoing Low Oblique Tibial Osteotomy without Fibular Osteotomy (Mortise-Plasty) for Medial Ankle Arthritis with Mortise Widening from Intra-articular Erosion		
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