

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Chul-Hyun

2. Surname (Last Name)
Cho

3. Date
26-February-2018

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

5. Manuscript Title
Posteromedial elbow dislocations without relevant bony lesions: clinical characteristics, soft tissue injury patterns, treatments, and outcomes

6. Manuscript Identifying Number (if you know it)
JBJS-D-18-00051

Section 2. The Work Under Consideration for Publication

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
the National Research Foundation of Korea	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	research grant numbers (2017R1D1A1B03035113 and 2014R1A5A2010008)

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Section 6. Disclosure Statement

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Dr. Cho reports grants from the National Research Foundation of Korea, during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Beom-Soo	2. Surname (Last Name) Kim	3. Date 26-February-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Chul-Hyun Cho
5. Manuscript Title Posteromedial elbow dislocations without relevant bony lesions: clinical characteristics, soft tissue injury patterns, treatments, and outcomes		
6. Manuscript Identifying Number (if you know it) JBJS-D-18-00051		

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Dr. Kim has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Chang-Hyuk	2. Surname (Last Name) Choi	3. Date 26-February-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Chul-Hyun Cho
5. Manuscript Title Posteromedial elbow dislocations without relevant bony lesions: clinical characteristics, soft tissue injury patterns, treatments, and outcomes		
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Dr. Choi has nothing to disclose.

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1. Given Name (First Name) In Hyeok	2. Surname (Last Name) Rhyou	3. Date 26-February-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Chul-Hyun Cho
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Dr. Rhyou has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)

Jin Myoung

2. Surname (Last Name)

Dan

3. Date

26-February-2018

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Chul-Hyun Cho

5. Manuscript Title

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Dr. Dan has nothing to disclose.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jong Pil	2. Surname (Last Name) Yoon	3. Date 26-February-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Chul-Hyun Cho
5. Manuscript Title Posteromedial elbow dislocations without relevant bony lesions: clinical characteristics, soft tissue injury patterns, treatments, and outcomes		
6. Manuscript Identifying Number (if you know it) JBJS-D-18-00051		

Section 2. The Work Under Consideration for Publication

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

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

Section 4. Intellectual Property -- Patents & Copyrights

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1. Given Name (First Name)

Sam-Kuk

2. Surname (Last Name)

Park

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26-February-2018

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☐ Yes

☒ No

Corresponding Author's Name

Chul-Hyun Cho

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Sung

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Choi

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Dr. Choi has nothing to disclose.

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