

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) Eun-Kyoo	2. Surname (Last Name) Song	3. Date 08-January-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Jong-Keun, Seon
5. Manuscript Title Does Preoperative Bone Marrow Edema Influence Outcomes After Medial Opening-Wedge High Tibial Osteotomy?		
6. Manuscript Identifying Number (if you know it) 		

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

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Dr. Song has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Hong-Yeol	2. Surname (Last Name) Yang	3. Date 08-January-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Jong-Keun, Seon
5. Manuscript Title Does Preoperative Bone Marrow Edema Influence Outcomes After Medial Opening-Wedge High Tibial Osteotomy?		
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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Yang has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Jong-Keun

2. Surname (Last Name)

Seon

3. Date

08-January-2020

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Does Preoperative Bone Marrow Edema Influence Outcomes After Medial Opening-Wedge High Tibial Osteotomy?

6. Manuscript Identifying Number (if you know it)

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Dr. Seon has nothing to disclose.

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4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Jong-Keun, Seon
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