

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) Byung-Ho	2. Surname (Last Name) Yoon	3. Date 21-February-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Hwan Seong Cho
5. Manuscript Title Metachronous bilateral chondroblastomas of the proximal femur with pathologic fracture: A case report with review of the literature		
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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1. Given Name (First Name)
Young-Kyun

2. Surname (Last Name)
Lee

3. Date
21-February-2014

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Hwan Seong Cho

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Kyung-Hoi

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Koo

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