

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Kwun Mook	2. Surname (Last Name) Lim	3. Date 12-October-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Hyun Guy Kang
5. Manuscript Title 3D-printed personalized implant design and reconstructive surgery for bone tumor of calcaneus		
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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Korea Health Industry Development Institute	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	grant number : HI17C1823

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1. Given Name (First Name)

Han Soo

2. Surname (Last Name)

Kim

3. Date

12-October-2017

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Hyun Guy Kang

5. Manuscript Title

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Dr. Kim has nothing to disclose.

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