

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)

Chul-Ho

2. Surname (Last Name)

Kim

3. Date

11-April-2019

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Pil Whan Yoon

5. Manuscript Title

Arthroscopic Treatment of Collapsed Subchondral Fatigue Fracture in the Femoral Head of a Young Military Recruit at 5-year Follow-up

6. Manuscript Identifying Number (if you know it)

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Dr. Kim has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Jun-Ki

2. Surname (Last Name)

Moon

3. Date

11-April-2019

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Pil Whan Yoon

5. Manuscript Title

Arthroscopic Treatment of Collapsed Subchondral Fatigue Fracture in the Femoral Head of a Young Military Recruit at 5-year Follow-up

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Jae Youn

2. Surname (Last Name)

Yoon

3. Date

11-April-2019

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Pil Whan Yoon

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Pil Whan

2. Surname (Last Name)

Yoon

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☒ Yes ☐ No

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