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.

1. Identifying information.

2. The work under consideration for publication.

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Section 1. Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<td>Ki Jun</td>
<td>Ahn</td>
<td>18-March-2016</td>
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4. Are you the corresponding author? [ ] Yes [x] No

Corresponding Author’s Name
Hyun Dae Shin

5. Manuscript Title
Prognostic Factors Affecting Proper Union After Ulnar Shortening Osteotomy in Ulnar Impaction Syndrome

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name)  Soo Min
2. Surname (Last Name)  Cha
3. Date  18-March-2016
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Hyun Dae Shin
5. Manuscript Title  Prognostic Factors Affecting Proper Union After Ulnar Shortening Osteotomy in Ulnar Impaction Syndrome
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   Hyun Dae

2. Surname (Last Name)  
   Shin

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