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

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tbody>
<tr>
<td>Won Joon</td>
<td>Yoo</td>
<td>24-January-2014</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
   - [ ] Yes  
   - [x] No  

Corresponding Author’s Name: In Ho Choi

5. Manuscript Title  
   Primary Epiphyseal Osteomyelitis Caused by Mycobacterium Species in Otherwise Healthy Toddlers

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-13-01186R2

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Dr. Yoo has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Yeo-Hon

2. Surname (Last Name)  
   Yun

3. Date  
   24-January-2014

4. Are you the corresponding author?  
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   Corresponding Author’s Name  
   In Ho Choi

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1. Given Name (First Name)  
   Mi Hyun

2. Surname (Last Name)  
   Song

3. Date  
   24-January-2014

4. Are you the corresponding author?  
   Yes ✔ No

Corresponding Author’s Name  
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### Section 1. Identifying Information

1. **Given Name (First Name)**  
   Moon Seok

2. **Surname (Last Name)**  
   Park

3. **Date**  
   24-January-2014

4. **Are you the corresponding author?**  
   - Yes
   - No  
   ✔ No

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Kyoung Un                                      Park                                      24-January-2014

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1.** Identifying Information

1. Given Name (First Name)  
   Hoan Jong

2. Surname (Last Name)  
   Lee

3. Date  
   24-January-2014

4. Are you the corresponding author?  
   ☑ No

Corresponding Author’s Name  
In Ho Choi

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Chin Youb
2. Surname (Last Name)  Chung
3. Date  24-January-2014
4. Are you the corresponding author?  ☑ No
5. Manuscript Title
   Primary Epiphyseal Osteomyelitis Caused by Mycobacterium Species in Otherwise Healthy Toddlers
6. Manuscript Identifying Number (if you know it)
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Tae-Joon

2. Surname (Last Name)  
   Cho

3. Date  
   24-January-2014

4. Are you the corresponding author?  
   ☑ No

Corresponding Author’s Name  
   In Ho Choi

5. Manuscript Title  
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1. Given Name (First Name)
   In Ho

2. Surname (Last Name)
   Choi

3. Date
   24-January-2014

4. Are you the corresponding author?
   ✔ Yes   No

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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Eunhwa

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   Jung-Eun

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   Cheon

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   24-January-2014

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✔ No

**Section 3. Relevant financial activities outside the submitted work.**

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication.

Are there any relevant conflicts of interest?  
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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**Section 6. Disclosure Statement**

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Cheon has nothing to disclose.

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