ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)  Hong Je
2. Surname (Last Name)  Kang
3. Date  24-September-2015
4. Are you the corresponding author?  Yes ☑ No

5. Manuscript Title  Arthroscopic Lateral Collateral Ligament Repair
6. Manuscript Identifying Number (if you know it)  JBJS-D-15-00811R1

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1. Given Name (First Name)  
   Jeong Woo

2. Surname (Last Name)  
   Kim

3. Date  
   24-September-2015

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1. Given Name (First Name)
   Jong Myoung

2. Surname (Last Name)
   Lee

3. Date
   24-September-2015

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   Yes [ ] No [x]

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1. Given Name (First Name)  
   Jong Yun  

2. Surname (Last Name)  
   Kim  

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   24-September-2015  

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   - Yes  
   - No  
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1. **Given Name (First Name)**
   - Min Su

2. **Surname (Last Name)**
   - Joo

3. **Date**
   - 24-September-2015

4. **Are you the corresponding author?**
   - Yes

5. **Manuscript Title**
   - Arthroscopic Lateral Collateral Ligament Repair

6. **Manuscript Identifying Number (if you know it)**
   - JBJS-D-15-00811R1

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### Corresponding Author's Name

- Jeong Woo Kim

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## Section 4. Intellectual Property -- Patents & Copyrights

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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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   Young

2. Surname (Last Name)  
   Yi

3. Date  
   24-July-2015

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   ![Yes](Yes) ![No](No)

Corresponding Author’s Name  
Jeong Woo Kim

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