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.

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Section 1. Identifying Information

1. Given Name (First Name)  
Tae-Keun  

2. Surname (Last Name)  
Ahn  

3. Date  
01-February-2014  

4. Are you the corresponding author?  
☑ Yes  
☐ No  

Corresponding Author’s Name  
Woo-Chun Lee  

5. Manuscript Title  
A Cohort Study of Patients Undergoing Low Oblique Tibial Osteotomy without Fibular Osteotomy (Mortise-Plasty) for Medial Ankle Arthritis with Mortise Widening from Intra-articular Erosion  

6. Manuscript Identifying Number (if you know it)  
JBJS-D-13-01360  

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☑ Yes  
☐ No  

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Dr. Ahn reports grants from null, during the conduct of the study;

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1. Given Name (First Name)  
Jae-Ho

2. Surname (Last Name)  
Cho

3. Date  
01-February-2014

4. Are you the corresponding author?  
☐ Yes  ✔ No

   Corresponding Author's Name  
Woo-Chun Lee

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   Woo-Chun

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   □ No

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