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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   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.
5. Relationships not covered above.
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ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
   Chul-Hyun

2. Surname (Last Name)  
   Cho

3. Date  
   26-February-2018

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

5. Manuscript Title  
   Posteromedial elbow dislocations without relevant bony lesions: clinical characteristics, soft tissue injury patterns, treatments, and outcomes

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-18-00051

### Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?  

Are there any relevant conflicts of interest?  
   ✔ Yes  
   ☐ No

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the “X” button.

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   ✔ No

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Dr. Cho reports grants from the National Research Foundation of Korea, during the conduct of the study;

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. **Given Name (First Name)**
   - Beom-Soo

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

3. **Date**
   - 26-February-2018

4. **Are you the corresponding author?**
   - ☑ No

5. **Manuscript Title**
   - Posteromedial elbow dislocations without relevant bony lesions: clinical characteristics, soft tissue injury patterns, treatments, and outcomes

6. **Manuscript Identifying Number (if you know it)**
   - JBJS-D-18-00051

## Section 2. The Work Under Consideration for Publication

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Dr. Kim has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Chang-Hyuk
2. Surname (Last Name) Choi
3. Date 26-February-2018

4. Are you the corresponding author? [ ] Yes [ ] No
   Corresponding Author’s Name Chul-Hyun Cho

5. Manuscript Title
   Posteromedial elbow dislocations without relevant bony lesions: clinical characteristics, soft tissue injury patterns, treatments, and outcomes

6. Manuscript Identifying Number (if you know it)
   JBJS-D-18-00051

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Dr. Choi has nothing to disclose.

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### Section 1. Identifying Information

1. **Given Name (First Name)**
   In Hyeok

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

3. **Date**
   26-February-2018

4. **Are you the corresponding author?**
   - [ ] Yes
   - [x] No
   **Corresponding Author’s Name**
   Chul-Hyun Cho

5. **Manuscript Title**
   Posteromedial elbow dislocations without relevant bony lesions: clinical characteristics, soft tissue injury patterns, treatments, and outcomes

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Dr. Rhyou has nothing to disclose.

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### Identifying Information

1. Given Name (First Name)  
   Jin Myoung

2. Surname (Last Name)  
   Dan

3. Date  
   26-February-2018

4. Are you the corresponding author?  
   ✔ No

   Corresponding Author’s Name  
   Chul-Hyun Cho

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Dr. Dan has nothing to disclose.

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4. **Intellectual Property.**

   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. **Relationships not covered above.**

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Yoon
Section 1. Identifying Information

1. Given Name (First Name) 
   Jong Pil

2. Surname (Last Name) 
   Yoon

3. Date 
   26-February-2018

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

   Corresponding Author’s Name 
   Chul-Hyun Cho

5. Manuscript Title 
   Posteromedial elbow dislocations without relevant bony lesions: clinical characteristics, soft tissue injury patterns, treatments, and outcomes

6. Manuscript Identifying Number (if you know it) 
   JBJS-D-18-00051

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? 
   Yes ☐ No ☑

Section 3. Relevant financial activities outside the submitted work.

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   Yes ☐ No ☑

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? 
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**Section 6. Disclosure Statement**

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Dr. Yoon has nothing to disclose.

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**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.**
   - This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".
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Section 1. Identifying Information

1. Given Name (First Name)  
   Sam-Kuk

2. Surname (Last Name)  
   Park

3. Date  
   26-February-2018

4. Are you the corresponding author?  
   Yes  ✔  No

   Corresponding Author’s Name  
   Chul-Hyun Cho

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Dr. Park has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Sung
2. Surname (Last Name)  Choi
3. Date  26-February-2018
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Chul-Hyun Cho
5. Manuscript Title
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Dr. Choi has nothing to disclose.

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