ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 1. Identifying Information

1. Given Name (First Name) Dimitris
2. Surname (Last Name) Dimitriou
3. Date 06-January-2015
4. Are you the corresponding author? ☐ Yes ☑ No
   Corresponding Author’s Name
   Kwang Woo Nam
5. Manuscript Title
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1. Given Name (First Name)  
Hee Joong

2. Surname (Last Name)  
Kim

3. Date  
06-January-2015

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☑️ No  

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   Kyu-Bum

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   Seo

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   Kwang Woo

2. Surname (Last Name)  
   Nam

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   □ No

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   □ 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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   Kim

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Sung-Wook

2. Surname (Last Name)  
Choi

3. Date  
06-January-2015

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

Corresponding Author's Name  
Kwang Woo Nam

5. Manuscript Title  
Emphysematous Cystitis found incidentally in the Patients underwent Hip Arthroplasty - A Case Report

6. Manuscript Identifying Number (if you know it)  

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 ☑

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<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>Uk</td>
<td>Nam</td>
<td>06-January-2015</td>
</tr>
</tbody>
</table>

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   - Yes  
   - No  
   ✔ No  

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1. Given Name (First Name) Yong-Geun
2. Surname (Last Name) Park
3. Date 06-January-2015
4. Are you the corresponding author? ☑ Yes  ☐ No
   Corresponding Author’s Name Kwang Woo Nam
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