ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.
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Section 1. Identifying Information

1. Given Name (First Name)  Dimitris
2. Surname (Last Name)  Dimitriou
3. Date  07-August-2014
4. Are you the corresponding author?  [ ] Yes  [x] No
   Corresponding Author's Name  Kwang Woo Nam
5. Manuscript Title
   Painful Hip and Knee Osteoarthritis Secondary to Multifocal Melorheostosis Treated by Total Hip and Knee Arthroplasty - A Case Report
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Section 1. Identifying Information

1. Given Name (First Name)  Guoan
2. Surname (Last Name)  Li
3. Date  07-August-2014
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  
   07-August-2014

4. Are you the corresponding author?  
   ☑ No

   Corresponding Author’s Name  
   Kwang Woo Nam

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1. Given Name (First Name)  Harry
2. Surname (Last Name)  Rubash
3. Date  07-August-2014
4. Are you the corresponding author?  No

5. Manuscript Title
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1. Given Name (First Name)  Kwang Woo
2. Surname (Last Name)  Nam
3. Date  07-August-2014
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Shin
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Sung-Jin  

2. Surname (Last Name)  
Shin  

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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1. Given Name (First Name) Sang-Rim
2. Surname (Last Name) Kim
3. Date 07-August-2014
4. Are you the corresponding author? ☑ No
   Corresponding Author’s Name Kwang Woo Nam
5. Manuscript Title Painful Hip and Knee Osteoarthritis Secondary to Multifocal Melorheostosis Treated by Total Hip and Knee Arthroplasty - A Case Report
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2. Surname (Last Name) Nam
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Corresponding Author's Name
Kwang Woo Nam

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