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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4. **Intellectual Property.**

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

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Section 1. Identifying Information

1. Given Name (First Name)  
Chul-Ho

2. Surname (Last Name)  
Kim

3. Date  
11-April-2019

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

Corresponding Author’s Name  
Pil Whan Yoon

5. Manuscript Title  
Arthroscopic Treatment of Collapsed Subchondral Fatigue Fracture in the Femoral Head of a Young Military Recruit at 5-year Follow-up

6. Manuscript Identifying Number (if you know it)

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

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Dr. Kim has nothing to disclose.

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### Section 1. Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Jun-Ki</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Moon</td>
</tr>
<tr>
<td>3. Date</td>
<td>11-April-2019</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
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   - ✔ No  

Corresponding Author’s Name  
Pil Whan Yoon

5. Manuscript Title  
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## Identifying Information

1. Given Name (First Name)
   - Jae Youn

2. Surname (Last Name)
   - Yoon

3. Date
   - 11-April-2019

4. Are you the corresponding author?
   - Yes [ ]
   - No [x]

   **Corresponding Author's Name**
   - Pil Whan Yoon

5. Manuscript Title
   - Arthroscopic Treatment of Collapsed Subchondral Fatigue Fracture in the Femoral Head of a Young Military Recruit at 5-year Follow-up

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1. Given Name (First Name)  
   Pil Whan

2. Surname (Last Name)  
   Yoon

3. Date  
   11-April-2019

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   ✔ Yes  
   No

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