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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Aditya  
2. Surname (Last Name)  
   Kekatpure  
3. Date  
   04-May-2016  
4. Are you the corresponding author?  
   [ ] Yes  [x] No  
   Corresponding Author's Name  
   Pil Whan Yoon  
5. Manuscript Title  
   Arthroscopic excision of solitary acetabular osteochondroma in an Adult: A case report  
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Are there any relevant conflicts of interest?  
   [ ] Yes  [x] No

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Kekatpure 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)**  
   Anuja

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

3. **Date**  
   06-May-2016

4. **Are you the corresponding author?**  
   [ ] Yes  
   ✔ No  

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

5. **Manuscript Title**  
   Arthroscopic excision of solitary acetabular osteochondroma in an Adult : 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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Dr. Kashikar 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)  
   Jae Suk

2. Surname (Last Name)  
   Chang

3. Date  
   04-May-2016

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

Corresponding Author’s Name  
   Pil Whan Yoon

5. Manuscript Title  
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Dr. Chang 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)  Mi Yeon
2. Surname (Last Name)  Jeong
3. Date  04-May-2016
4. Are you the corresponding author?  Yes  No  ✔
   Corresponding Author’s Name  Pil Whan Yoon
5. Manuscript Title  Arthroscopic excision of solitary acetabular osteochondroma in an Adult: A case report
6. Manuscript Identifying Number (if you know it)

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Dr. Jeong has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Chul-Ho

2. Surname (Last Name)  
Kim

3. Date  
04-May-2016

4. Are you the corresponding author?  
No

Corresponding Author’s Name  
Pil Whan Yoon

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Dr. Kim has nothing to disclose.

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**Issued:** The patent has been issued by the agency

**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**Royalties:** Funds are coming in to you or your institution due to your patent
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### Section 1. Identifying Information

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<tr>
<td>1. Given Name (First Name)</td>
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<tr>
<td>Pil Whan</td>
<td>Yoon</td>
<td>04-May-2016</td>
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4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Arthroscopic excision of solitary acetabular osteochondroma in an Adult: A case report

6. Manuscript Identifying Number (if you know it)

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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.)?  

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Dr. Yoon has nothing to disclose.

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