

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Min Cheol

2. Surname (Last Name)  
Chang

3. Date  
12-November-2020

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

5. Manuscript Title  
Obturator Nerve Injury Diagnosed by Nerve Conduction Study: A Case Report

6. Manuscript Identifying Number (if you know it)  
APM-20-1699

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Dr. Chang has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name) Kyu Tae	2. Surname (Last Name) Choi	3. Date 12-November-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Min Cheol Chang
5. Manuscript Title Obturator Nerve Injury Diagnosed by Nerve Conduction Study: A Case Report		
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4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Min Cheol Chang
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