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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Yuki

2. Surname (Last Name)  
Shimada

3. Date  
03-February-2020

4. Are you the corresponding author?  
☑ No

Corresponding Author’s Name  
Hiroaki Saito

5. Manuscript Title  
Pharmaceutical Company Payments to the Professors of Orthopedic Surgery Departments in Japan

6. Manuscript Identifying Number (if you know it)

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☑ No

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Dr. Shimada has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Tetsuya

2. Surname (Last Name)  
   Tanimoto

3. Date  
   14-November-2019

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

   Corresponding Author’s Name  
   Hiroaki Saito

5. Manuscript Title
   Pharmaceutical Company Payments to the Professors of Orthopedic Surgery Departments in Japan

6. Manuscript Identifying Number (if you know it)

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Dr. Tanimoto reports  and personal fees from Medical Network Systems, MNES INC., outside the submitted work.

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1. Given Name (First Name)
   Yosuke

2. Surname (Last Name)
   Suzuki

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

   Corresponding Author’s Name
   Hiroaki Saito

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1. Given Name (First Name)  
   Akihiko

2. Surname (Last Name)  
   Ozaki

3. Date  
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4. Are you the corresponding author?  
   Yes  ✔  No

   Corresponding Author’s Name  
   Hiroaki Saito

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   Kana

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

3. **Date**  
   14-November-2019

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

5. **Corresponding Author’s Name**  
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## Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the “Add +” box. You should report relationships that were present during the 36 months prior to publication.

Are there any relevant conflicts of interest?  
- Yes  
- No  

If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
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<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? □ Yes ✔ No

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Dr. Yamamoto reports other from Ain pharmaces, during the conduct of the study; personal fees from NAGATANIEN Co., Ltd., personal fees from ROHTO Pharmaceutical Co., Ltd., outside the submitted work; .

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3. Relevant financial activities outside the submitted work.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
Hiroaki

2. Surname (Last Name)  
Saito

3. Date  
14-November-2019

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

5. Manuscript Title  
Pharmaceutical Company Payments to the Professors of Orthopedic Surgery Departments in Japan

6. Manuscript Identifying Number (if you know it)

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☑ Yes  ☐ 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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<td>outside of the submitted work</td>
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1. Given Name (First Name) 
   Toyoaki

2. Surname (Last Name) 
   Sawano

3. Date 
   14-November-2019

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

   Corresponding Author’s Name
   Hiroaki Saito

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Dr. Sawano has nothing to disclose.

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