

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Yugo	2. Surname (Last Name) Miura	3. Date 11-June-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Koji Fujita
5. Manuscript Title Complete Traumatic Femoral Nerve Rupture Successfully Reconstructed with a Sural Nerve Cable Graft		
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. Miura 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) Akimoto	2. Surname (Last Name) Nimura	3. Date 07-September-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Koji Fujita
5. Manuscript Title Complete Traumatic Femoral Nerve Rupture Successfully Reconstructed with a Sural Nerve Cable Graft		
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Atsushi

2. Surname (Last Name)

Okawa

3. Date

07-September-2017

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Koji Fujita

5. Manuscript Title

Complete Traumatic Femoral Nerve Rupture Successfully Reconstructed with a Sural Nerve Cable Graft

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Dr. Okawa has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Koji

2. Surname (Last Name)
Fujita

3. Date
07-September-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
Complete Traumatic Femoral Nerve Rupture Successfully Reconstructed with a Sural Nerve Cable Graft

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name) Yoshiaki	2. Surname (Last Name) Wakabayashi	3. Date 07-September-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Koji Fujita
5. Manuscript Title Complete Traumatic Femoral Nerve Rupture Successfully Reconstructed with a Sural Nerve Cable Graft		
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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Are there any relevant conflicts of interest? Yes No

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Dr. Wakabayashi has nothing to disclose.

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