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)  
   Kodai

2. Surname (Last Name)  
   Hamaoka

3. Date  
   22-January-2019

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Reconstruction of Chronic Subcutaneous Extensor Digitorum Longus Tendon Rupture in a Recreational Marathon Runner

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   No

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   No

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<tr>
<td>Tomoaki</td>
<td>Kamiya</td>
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4. Are you the corresponding author?  
   - Yes  
   - No  
   ✔ No

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   Atsushi
2. Surname (Last Name)  
   Teramoto
3. Date  
   14-June-2019
4. Are you the corresponding author?  
   Yes ☑ No
5. Manuscript Title  
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<td>Watanabe</td>
<td>14-June-2019</td>
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   - No  
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1. Given Name (First Name)  
   Toshihiko

2. Surname (Last Name)  
   Yamashita

3. Date  
   14-June-2019

4. Are you the corresponding author?  
   ✔ No

   Corresponding Author’s Name  
   Kodai Hamaoka

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