

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)

Tomoaki

2. Surname (Last Name)

Kamiya

3. Date

14-June-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Kodai Hamaoka

5. Manuscript Title

Reconstruction of Chronic Subcutaneous Extensor Digitorum Longus Tendon Rupture in a Recreational Marathon Runner

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1. Given Name (First Name) Atsushi	2. Surname (Last Name) Teramoto	3. Date 14-June-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kodai Hamaoka
5. Manuscript Title Reconstruction of Chronic Subcutaneous Extensor Digitorum Longus Tendon Rupture in a Recreational Marathon Runner		
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