

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Given Name (First Name) Masaki	2. Surname (Last Name) Hasegawa	3. Date 31-August-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Taku Suzuki
5. Manuscript Title Reliability and validity of radiographic measurement of humerus-elbow-wrist angle in healthy children		
6. Manuscript Identifying Number (if you know it)		

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1. Given Name (First Name)
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2. Surname (Last Name)
Suzuki

3. Date
31-August-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)

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Harumoto

2. Surname (Last Name)

Yamada

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31-August-2016

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Corresponding Author's Name

Taku Suzuki

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