ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Hasegawa
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Section 1. Identifying Information

1. Given Name (First Name)  
Masaki

2. Surname (Last Name)  
Hasegawa

3. Date  
31-August-2016

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

Corresponding Author’s Name  
Taku Suzuki

5. Manuscript Title  
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1. Given Name (First Name) Atsushi
2. Surname (Last Name) Maeda
3. Date 31-August-2016
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2. Surname (Last Name)  Shizu
3. Date  31-August-2016

4. Are you the corresponding author?  
   Yes  
   No  ✔

   Corresponding Author’s Name  Taku Suzuki

5. Manuscript Title
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<table>
<thead>
<tr>
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<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Katsuji</td>
<td>Suzuki</td>
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### Section 1. Identifying Information

1. **Given Name (First Name)**  
   Taku

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

3. **Date**  
   31-August-2016

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

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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Are there any relevant conflicts of interest?  
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1. Given Name (First Name)  Hiroki
2. Surname (Last Name)  Takeda
3. Date  31-August-2016
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   Yamada  
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   Taku Suzuki  
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   Yusuke

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   Oka

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