

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)
Noboru

2. Surname (Last Name)
Funakoshi

3. Date
25-May-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Daisuke Mori

5. Manuscript Title
Anatomical Coracoclavicular Ligament Reconstruction in the Treatment of Acute Acromioclavicular Joint Dislocation:
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6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name)

Kazuha

2. Surname (Last Name)

Kizaki

3. Date

25-May-2016

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Daisuke Mori

5. Manuscript Title

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1. Given Name (First Name) Masahiko	2. Surname (Last Name) Kobayashi	3. Date 25-May-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Daisuke Mori
5. Manuscript Title Anatomical Coracoclavicular Ligament Reconstruction in the Treatment of Acute Acromioclavicular Joint Dislocation: Minimum 10-Year Follow-up		
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Mizuno

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Yamashita

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Daisuke

2. Surname (Last Name)
Mori

3. Date
25-May-2016

4. Are you the corresponding author? Yes No

5. Manuscript Title
Anatomical Coracoclavicular Ligament Reconstruction in the Treatment of Acute Acromioclavicular Joint Dislocation: Minimum 10-Year Follow-up

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.)?

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