

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) Atsushi	2. Surname (Last Name) Teramoto	3. Date 05-March-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Tomoaki Kamiya
5. Manuscript Title Cuboid-Navicular Tarsal Coalition: A Case Report of an Adolescent Female Athlete		
6. Manuscript Identifying Number (if you know it) 		

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Section 1. Identifying Information

1. Given Name (First Name)
Kota

2. Surname (Last Name)
Watanabe

3. Date
05-March-2015

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Tomoaki Kamiya

5. Manuscript Title
Cuboid-Navicular Tarsal Coalition: A Case Report of an Adolescent Female Athlete

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Toshihiko

2. Surname (Last Name)

Yamashita

3. Date

05-March-2015

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☐ Yes☒ No

Corresponding Author's Name

Tomoaki Kamiya

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Tomoaki

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Kamiya

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08-December-2014

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☐ No

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