

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Hirokazu

2. Surname (Last Name)

Takai

3. Date

28-November-1980

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Bilateral calcaneal avulsion fractures complicated with a delayed Achilles tendon rupture in a diabetic patient : A case report

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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Dr. Takai has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Nobutake	2. Surname (Last Name) Nakane	3. Date 23-November-1944
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Hirokazu Takai
5. Manuscript Title Bilateral calcaneal avulsion fractures complicated with a delayed Achilles tendon rupture in a diabetic patient : A case report		
6. Manuscript Identifying Number (if you know it) 		

Section 2. The Work Under Consideration for Publication

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

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Dr. Nakane has nothing to disclose.

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1. Given Name (First Name)
Seiko

2. Surname (Last Name)
Takai

3. Date
29-June-1980

4. Are you the corresponding author?

☐ Yes☒ No

Corresponding Author's Name
Hirokazu Takai

5. Manuscript Title

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1. Given Name (First Name)

Tomoki

2. Surname (Last Name)

Takahashi

3. Date

20-April-1971

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Hirokazu Takai

5. Manuscript Title

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