

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)

Akio

2. Surname (Last Name)

Maruyama

3. Date

14-March-2019

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Kazuteru Doi

5. Manuscript Title

Contralateral obturator nerve to femoral nerve transfer for restoration of knee extension following acute flaccid myelitis

6. Manuscript Identifying Number (if you know it)

CC-D-19-00073R1

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Section 1. Identifying Information

1. Given Name (First Name)
Kota

2. Surname (Last Name)
Hayashi

3. Date
14-March-2019

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Kazuteru Doi

5. Manuscript Title
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5. Manuscript Title Contralateral obturator nerve to femoral nerve transfer for restoration of knee extension following acute flaccid myelitis		
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Yasunori

2. Surname (Last Name)

Hattori

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