

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) Takeshi	2. Surname (Last Name) Endo	3. Date 14-November-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Atsushi Urita
5. Manuscript Title Charcot Arthropathy of the Shoulder Joint in a Patient with Guillain-Barré Syndrome: A Case Report		
6. Manuscript Identifying Number (if you know it) CC-D-19-00530		

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Dr. Endo has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Norimasa	2. Surname (Last Name) Iwasaki	3. Date 14-November-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Atsushi Urita
5. Manuscript Title Charcot Arthropathy of the Shoulder Joint in a Patient with Guillain-Barré Syndrome: A Case Report		
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Dr. Iwasaki has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Mitsutoshi	2. Surname (Last Name) Ota	3. Date 14-November-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Atsushi Urita
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Section 1. Identifying Information

1. Given Name (First Name)

Atsushi

2. Surname (Last Name)

Urita

3. Date

14-November-2019

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Charcot Arthropathy of the Shoulder Joint in a Patient with Guillain-Barré Syndrome: A Case Report

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