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)  Supakit
2. Surname (Last Name)  Kanitnate
3. Date  15-May-2015
4. Are you the corresponding author?  
   ✔ No
   Corresponding Author’s Name  Nattapol Tammachote
5. Manuscript Title
   Intra-articular Single-shot Hylan G-F 20 Hyaluronic Acid Injection Compared with Corticosteroid in Knee Osteoarthritis: A Double-Blind Randomized Controlled Trial
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Are there any relevant conflicts of interest?  
   ✔ No

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Dr. Kanitnate has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Phonthakorn
2. Surname (Last Name) Panichkul
3. Date 15-May-2015
4. Are you the corresponding author?  Yes  ✔  No
Corresponding Author’s Name
Nattapol Tammachote
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Thanasak

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Yakumpor

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### Section 1. Identifying Information

1. **Given Name (First Name)**
   - Nattapol

2. **Surname (Last Name)**
   - Tammachote

3. **Date**
   - 15-May-2015

4. **Are you the corresponding author?**
   - Yes [✔] No

5. **Manuscript Title**
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