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)**
   Ryosuke

2. **Surname (Last Name)**
   Kuroda

3. **Date**
   27-August-2014

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

   **Corresponding Author’s Name**
   Masaki Tomatsuri

5. **Manuscript Title**
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6. **Manuscript Identifying Number (if you know it)**
   

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Dr. Kuroda has nothing to disclose.

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<tr>
<td>Masahiro</td>
<td>Kurosaka</td>
<td>27-August-2014</td>
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4. Are you the corresponding author?  
   ✔ Yes    □ No

Corresponding Author's Name  
Masaki Tomatsuri

5. Manuscript Title  
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Dr. Kurosaka has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Takehiko
2. Surname (Last Name) Matsushita
3. Date 27-August-2014
4. Are you the corresponding author? Yes ☐ No ☑
   Corresponding Author’s Name Masaki Tomatsuri
5. Manuscript Title
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<td>Tomatsuri</td>
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4. Are you the corresponding author?  
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☐ No

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