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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2. The work under consideration for publication.

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3. Relevant financial activities outside the submitted work.

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**Section 1. Identifying Information**

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tbody>
<tr>
<td>Yasuhito</td>
<td>Tanaka</td>
<td>07-October-2014</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  

- [ ] Yes  
- [x] No  

Corresponding Author’s Name: Yoshihiro Sakamoto

5. Manuscript Title  
Gas-containing paralabral ganglion cyst of the shoulder: a case report

6. Manuscript Identifying Number (if you know it)

**Section 2. The Work Under Consideration for Publication**

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  

- [ ] Yes  
- [x] No

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- [x] No

**Section 4. Intellectual Property -- Patents & Copyrights**

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  

- [ ] Yes  
- [x] No
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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Tanaka 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)  
   Akira

2. Surname (Last Name)  
   Kido

3. Date  
   07-October-2014

4. Are you the corresponding author?  
   ☑ Yes  ☐ No

   Corresponding Author’s Name  
   Yoshihiro Sakamoto

5. Manuscript Title  
   Gas-containing paralabral ganglion cyst of the shoulder : a case report

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Kido has nothing to disclose.

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1. Given Name (First Name)  
Kazuya

2. Surname (Last Name)  
Inoue

3. Date  
07-October-2014

4. Are you the corresponding author?  
☐ Yes  ☑ No

Corresponding Author’s Name  
Yoshihiro Sakamoto

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

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Section 1. Identifying Information

1. Given Name (First Name) Yoshihiro
2. Surname (Last Name) Sakamoto
3. Date 10-August-2014
4. Are you the corresponding author? ☑ Yes ☐ No

5. Manuscript Title Gas-containing paralabral ganglion cyst of the shoulder: a case report
6. Manuscript Identifying Number (if you know it)

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