ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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**Section 1. Identifying Information**

1. Given Name (First Name) 
   Tomohiro

2. Surname (Last Name) 
   Mimura

3. Date 
   28-April-2014

4. Are you the corresponding author? 
   ✔ Yes  
   No

5. Manuscript Title 
   Late-emerging Lethal Exacerbation of Cardiomyopathy in a Patient with Mitochondrial Myopathy after Total Hip Arthroplasty

6. Manuscript Identifying Number (if you know it) 
   CC-D-14-00043R1

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1. Given Name (First Name)  
   Yuki  

2. Surname (Last Name)  
   Furuya  

3. Date  
   12-June-2014  

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   ✔ No  

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   Tomohiro Mimura  

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<tr>
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<th>3. Date</th>
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<tbody>
<tr>
<td>Yoshitaka</td>
<td>Matsusue</td>
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</tr>
</tbody>
</table>

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   - [ ] Yes  
   - [x] No  
   
   Corresponding Author’s Name
   Tomohiro Mimura

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   Taku

2. Surname (Last Name)  
   Kawasaki

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   12-June-2014

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   Tomohiro Mimura

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1. Given Name (First Name)  Shinji
2. Surname (Last Name)  Imai
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Kanji
2. Surname (Last Name) Mori
3. Date 12-June-2014

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

Corresponding Author’s Name
Tomohiro Mimura

5. Manuscript Title
Late-emerging Lethal Exacerbation of Cardiomyopathy in a Patient with Mitochondrial Myopathy after Total Hip Arthroplasty

6. Manuscript Identifying Number (if you know it)
CC-D-14-00043

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.)?

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