ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.
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**Other:** Anything not covered under the previous three boxes

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**ICMJE Form for Disclosure of Potential Conflicts of Interest**

### Section 1. Identifying Information

1. Given Name (First Name)  
   Yugo

2. Surname (Last Name)  
   Miura

3. Date  
   11-June-2017

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

   Corresponding Author’s Name  
   Koji Fujita

5. Manuscript Title  
   Complete Traumatic Femoral Nerve Rupture Successfully Reconstructed with a Sural Nerve Cable Graft

6. Manuscript Identifying Number (if you know it)

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

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Are there any relevant conflicts of interest?  
- [ ] Yes  
- [x] No

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- [ ] Yes  
- [x] No

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Miura has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Akimoto

2. Surname (Last Name)  
   Nimura

3. Date  
   07-September-2017

4. Are you the corresponding author?  
   Yes  No  ☑

   Corresponding Author’s Name  
   Koji Fujita

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

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## Section 1. Identifying Information

1. Given Name (First Name)  
   Atsushi  
2. Surname (Last Name)  
   Okawa  
3. Date  
   07-September-2017  
4. Are you the corresponding author?  
   ✔ No  
   Corresponding Author’s Name  
   Koji Fujita  
5. Manuscript Title  
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Dr. Okawa has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Koji

2. Surname (Last Name)  
Fujita

3. Date  
07-September-2017

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

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

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Dr. Fujita has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Takashi

2. Surname (Last Name)  
   Miyamoto

3. Date  
   07-September-2017

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

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

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Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations
Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes
Pending: The patent has been filed but not issued
Issued: The patent has been issued by the agency
Licensed: The patent has been licensed to an entity, whether earning royalties or not
Royalties: Funds are coming in to you or your institution due to your patent
### 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>Yoshiaki</td>
<td>Wakabayashi</td>
<td>07-September-2017</td>
</tr>
</tbody>
</table>

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

Corresponding Author’s Name
Koji Fujita

5. Manuscript Title
Complete Traumatic Femoral Nerve Rupture Successfully Reconstructed with a Sural Nerve Cable Graft

6. Manuscript Identifying Number (if you know it)

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Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the “Add +” box. You should report relationships that were present during the 36 months prior to publication.

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☐ Yes, the following relationships/conditions/circumstances are present (explain below):

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Dr. Wakabayashi has nothing to disclose.

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