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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name) | Akio
2. Surname (Last Name) | Maruyama
3. Date | 14-March-2019
4. Are you the corresponding author? | ☑ No
   Corresponding Author’s Name | Kazuteru Doi
5. Manuscript Title
   Contralateral obturator nerve to femoral nerve transfer for restoration of knee extension following acute flaccid myelitis
6. Manuscript Identifying Number (if you know it)
   CC-D-19-00073R1

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Are there any relevant conflicts of interest? | ☑ No

## Section 3. Relevant financial activities outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name)  Kota
2. Surname (Last Name)  Hayashi
3. Date  14-March-2019
4. Are you the corresponding author?  ☑ No
   Corresponding Author’s Name  Kazuteru Doi
5. Manuscript Title  Contralateral obturator nerve to femoral nerve transfer for restoration of knee extension following acute flaccid myelitis
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1. Given Name (First Name)  
   Sei Haw

2. Surname (Last Name)  
   Sem

3. Date  
   14-March-2019

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   Yes  ✔  No

   Corresponding Author’s Name  
   Kazuteru Doi

5. Manuscript Title  
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1. Given Name (First Name)  Sotetsu
2. Surname (Last Name)  Sakamoto
3. Date  14-March-2019
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   Corresponding Author’s Name  Kazuteru Doi
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   Yasunori

2. Surname (Last Name)  
   Hattori

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