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)  
   Tadashi

2. Surname (Last Name)  
   Fujii

3. Date  
   24-September-2018

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

   Corresponding Author's Name  
   Makoto Wada

5. Manuscript Title  
   The isometric quadriceps contraction method for intra-articular knee injection.

6. Manuscript Identifying Number (if you know it)

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Dr. Fujii has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Yusuke  
2. Surname (Last Name)  
   Inagaki  
3. Date  
   24-September-2018  
4. Are you the corresponding author?  
   Yes  ✔  No  
   
   Corresponding Author's Name  
   Makoto Wada  
5. Manuscript Title  
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Dr. Inagaki has nothing to disclose.

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1. Given Name (First Name)   Tatsuo
2. Surname (Last Name)       Nagano
3. Date                      24-September-2018
4. Are you the corresponding author? [ ] Yes [ ] No
Corresponding Author’s Name
Makoto Wada
5. Manuscript Title
The isometric quadriceps contraction method for intra-articular knee injection.
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Dr. Nagano has nothing to disclose.

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1. Given Name (First Name)
   Yasuhito

2. Surname (Last Name)
   Tanaka

3. Date
   24-September-2018

4. Are you the corresponding author?  
   ✔ Yes  □ No

   Corresponding Author’s Name
   Makoto Wada

5. Manuscript Title
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<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Makoto</td>
<td>Wada</td>
<td>24-September-2018</td>
</tr>
</tbody>
</table>

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

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