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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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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Royalties: Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Naoyuki  

2. Surname (Last Name)  
Hirasawa  

3. Date  
03-November-2018  

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

Corresponding Author’s Name  
Sachiyuki Tsukada  

5. Manuscript Title  
A strategy of continued antiplatelet agents, vitamin K antagonists, and direct oral anticoagulants throughout the perioperative period of total knee arthroplasty in patients receiving chronic antithrombotic therapy  

6. Manuscript Identifying Number (if you know it)  

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Dr. Hirasawa has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Kenji
2. Surname (Last Name)    Kurosaka
3. Date                   03-November-2018

4. Are you the corresponding author?  Yes       No

Corresponding Author's Name
Sachiyuki Tsukada

5. Manuscript Title
A strategy of continued antiplatelet agents, vitamin K antagonists, and direct oral anticoagulants throughout the perioperative period of total knee arthroplasty in patients receiving chronic antithrombotic therapy

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Dr. Kurosaka has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Tetsuyuki

2. Surname (Last Name)  
   Maeda

3. Date  
   03-November-2018

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

   Corresponding Author’s Name  
   Sachiyuki Tsukada

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

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Section 1. Identifying Information

1. Given Name (First Name)  
Masahiro

2. Surname (Last Name)  
Nishino

3. Date  
03-November-2018

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

Corresponding Author’s Name  
Sachiyuki Tsukada

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

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<tbody>
<tr>
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<td>Tsukada</td>
<td>03-November-2018</td>
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