ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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### Section 1. Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yasunori</td>
<td>Hattori</td>
<td>08-July-2019</td>
</tr>
</tbody>
</table>

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

Corresponding Author’s Name
Kazuteru Doi

5. Manuscript Title
Surgical Reconstruction of Upper Extremity Paralysis following Acute Flaccid Myelitis

6. Manuscript Identifying Number (if you know it)
JBJSOA-D-19-00030

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

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

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Dr. Hattori has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)  
Kazuteru

2. Surname (Last Name)  
Doi

3. Date  
08-July-2019

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

5. Manuscript Title  
Surgical Reconstruction of Upper Extremity Paralysis following Acute Flaccid Myelitis

6. Manuscript Identifying Number (if you know it)  
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Section 1. Identifying Information

1. Given Name (First Name)          2. Surname (Last Name)
Kota                                    Hayashi

3. Date
08-July-2019

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

Corresponding Author’s Name
Kazuteru Doi

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Maria Angeles

2. Surname (Last Name)  
   De la Red-Gallego

3. Date  
   08-July-2019

4. Are you the corresponding author?  
   Yes  ☒  No

   Corresponding Author’s Name  
   Kazuteru Doi

5. Manuscript Title  
   Surgical Reconstruction of Upper Extremity Paralysis following Acute Flaccid Myelitis

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Dr. De la Red-Gallego has nothing to disclose.

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Sakamoto
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Section 1. Identifying Information

1. Given Name (First Name)  
   Sotetsu

2. Surname (Last Name)  
   Sakamoto

3. Date  
   08-July-2019

4. Are you the corresponding author?  
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Sakamoto
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Dr. Sakamoto has nothing to disclose.

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5. Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

Definitions.

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

**Grant:** A grant from an entity, generally [but not always] paid to your organization

**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
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Sei Haw
2. Surname (Last Name)  Sem
3. Date  08-July-2019
4. Are you the corresponding author?  Yes ✗ No
   Corresponding Author’s Name  Kazuteru Doi
5. Manuscript Title  Surgical Reconstruction of Upper Extremity Paralysis following Acute Flaccid Myelitis
6. Manuscript Identifying Number (if you know it)  JBJSOA-D-19-00030

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.)?  Yes No

Are there any relevant conflicts of interest?  Yes No

Section 3. Relevant financial activities outside the submitted work.

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.

Are there any relevant conflicts of interest?  Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes ✗ No
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Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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

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At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Sem has nothing to disclose.

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