



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)
Reiji

2. Surname (Last Name)
Higashiyama

3. Date
20-August-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Arthroscopic reconstruction of the anterior talofibular ligament, lateral talocalcaneal ligament, and calcaneofibular ligament using a triangle-shaped tendon graft (ALC-Triangle)

6. Manuscript Identifying Number (if you know it)

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Dr. Higashiyama has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Hiroyuki

2. Surname (Last Name)
Sekiguchi

3. Date
20-August-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Reiji Higashiyama

5. Manuscript Title

Arthroscopic reconstruction of the anterior talofibular ligament, lateral talocalcaneal ligament, and calcaneofibular ligament using a triangle-shaped tendon graft (ALC-Triangle)

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Dr. Sekiguchi has nothing to disclose.

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1. Given Name (First Name)
Ken
2. Surname (Last Name)
Takata
3. Date
20-August-2019
4. Are you the corresponding author? Yes No
Corresponding Author's Name
Reiji Higashiyama
5. Manuscript Title
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Tachio

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Endo

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20-August-2019

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Corresponding Author's Name

Reiji Higashiyama

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Takaso
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