

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)
Yu-Ping

2. Surname (Last Name)
Yang

3. Date
04-February-2021

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Ying-Fang Ao

5. Manuscript Title
Extracapsular subcutaneous endoscopic treatment for refractory lateral epicondylalgia: technique, retrospective results, and prognostic factors

6. Manuscript Identifying Number (if you know it)
ATM-20-6799-R1

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Dr. Yang has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Shuo	2. Surname (Last Name) Yuan	3. Date 04-February-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ying-Fang Ao
5. Manuscript Title Extracapsular subcutaneous endoscopic treatment for refractory lateral epicondylalgia: technique, retrospective results, and prognostic factors		
6. Manuscript Identifying Number (if you know it) ATM-20-6799-R1		

Section 2. The Work Under Consideration for Publication

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Dr. Yuan has nothing to disclose.

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1. Given Name (First Name) Guo-Qing	2. Surname (Last Name) Cui	3. Date 04-February-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ying-Fang Ao
5. Manuscript Title Extracapsular subcutaneous endoscopic treatment for refractory lateral epicondylalgia: technique, retrospective results, and prognostic factors		
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Corresponding Author's Name
Ying-Fang Ao

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