

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)
Katsuya

2. Surname (Last Name)
Nakai

3. Date
05-May-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Pathological and radiological assessments of Paget's disease

6. Manuscript Identifying Number (if you know it)
ABS-19-33

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Dr. Nakai has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Yoshiya

2. Surname (Last Name)

Horimoto

3. Date

05-May-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Katsuya Nakai

5. Manuscript Title

Pathological and radiological assessments of Paget's disease

6. Manuscript Identifying Number (if you know it)

ABS-19-33

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Dr. Horimoto has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Ryoko	2. Surname (Last Name) Semba	3. Date 05-May-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Katsuya Nakai
5. Manuscript Title Pathological and radiological assessments of Paget's disease		
6. Manuscript Identifying Number (if you know it) ABS-19-33		

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1. Given Name (First Name)
Atsushi

2. Surname (Last Name)
Arakawa

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05-May-2019

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Katsuya Nakai

5. Manuscript Title
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