

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Maiko	2. Surname (Last Name) Saito	3. Date 11-February-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Koichi Tsunoda
5. Manuscript Title		
6. Manuscript Identifying Number (if you know it) L13-1161		

Section 2. The Work Under Consideration for Publication

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Section 1. Identifying Information

1. Given Name (First Name)

Koichi

2. Surname (Last Name)

Tsunoda

3. Date

11-February-2014

4. Are you the corresponding author?

Yes No

5. Manuscript Title

"Continuous involuntary tut-tutting"

6. Manuscript Identifying Number (if you know it)

L13-1161

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Dr. Tsunoda has nothing to disclose.

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1. Given Name (First Name)
takao

2. Surname (Last Name)
yabe

3. Date
27-February-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title
Continuous involuntary tut-tutting

6. Manuscript Identifying Number (if you know it)
L13-1161

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Section 1. Identifying Information

1. Given Name (First Name)
Yoko

2. Surname (Last Name)
Morita

3. Date
12-February-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title
Continuous involuntary tut-tutting

6. Manuscript Identifying Number (if you know it)
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