Date: 2022/6/29
Your Name: Lei Zhang
Manuscript Title: Dural repair with fat patch for idiopathic spinal cord herniation: operative technique and a review of seven cases
Manuscript number (if known): 

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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|---|---------------------------------|----------------------------------------------------------------------------------|
|   | **Time frame: Since the initial planning of the work** |                                  |
| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | _X_ None |
|   | **No time limit for this item.** |                                                                                  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above.) | _X_ None |
| 3 | Royalties or licenses | _X_ None |
| 4 | Consulting fees | _X_ None |
|   | **Time frame: past 36 months** |                                  |

|   |                                                                                                               |   |
|---|----------------------------------------------------------------------------------------------------------------|---|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ None |
| 6 | Payment for expert testimony                                                                                  | _X_ None |
| 7 | Support for attending meetings and/or travel                                                                    | _X_ None |
| 8 | Patents planned, issued or pending                                                                              | _X_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                                               | _X_ None |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid               | _X_ None |
|11 | Stock or stock options                                                                                         | _X_ None |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                                | _X_ None |
|13 | Other financial or non-financial interests                                                                     | _X_ None |

Please summarize the above conflict of interest in the following box:

None.

Please place an “X” next to the following statement to indicate your agreement:

_X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
Date: 2022/6/29  
Your Name: Hao Wu  
Manuscript Title: Dural repair with fat patch for idiopathic spinal cord herniation: operative technique and a review of seven cases  
Manuscript number (if known): 

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|   | No time limit for this item.                                                                                                         |
|   | _X_ None                                                                                                                             |
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|   | Time frame: past 36 months                                                                                                          |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                                                            |
|   | _X_ None                                                                                                                             |
|   |                                                                                                                                     |
|   |                                                                                                                                     |
| 3 | Royalties or licenses                                                                                                               |
|   | _X_ None                                                                                                                             |
|   |                                                                                                                                     |
| 4 | Consulting fees                                                                                                                     |
|   | _X_ None                                                                                                                             |

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|   | Description                                                                 | X | None  |
|---|-----------------------------------------------------------------------------|----|-------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X | None  |
| 6 | Payment for expert testimony                                              | X | None  |
| 7 | Support for attending meetings and/or travel                               | X | None  |
| 8 | Patents planned, issued or pending                                         | X | None  |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board           | X | None  |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X | None  |
|11 | Stock or stock options                                                     | X | None  |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X | None  |
|13 | Other financial or non-financial interests                                  | X | None  |

Please summarize the above conflict of interest in the following box:

None.

Please place an “X” next to the following statement to indicate your agreement:

_ X _ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date: 2022/6/29
Your Name: Zhenlei Liu
Manuscript Title: Dural repair with fat patch for idiopathic spinal cord herniation: operative technique and a review of seven cases
Manuscript number (if known): __________________________________________________________________________

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| **Time frame: Since the initial planning of the work** | | |
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| 2 | | |
| 3 | | |
| 4 | | |

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| 3 | Royalties or licenses | _X_ None |
| 4 | Consulting fees | _X_ None |
|   | Description                                                                 | X | None |
|---|-----------------------------------------------------------------------------|----|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | X | None |
| 6 | Payment for expert testimony | X | None |
| 7 | Support for attending meetings and/or travel | X | None |
| 8 | Patents planned, issued or pending | X | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | X | None |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | X | None |
| 11 | Stock or stock options | X | None |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X | None |
| 13 | Other financial or non-financial interests | X | None |

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None.

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_X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
ICMJE DISCLOSURE FORM

Date: 2022/6/29
Your Name: Xingwen Wang
Manuscript Title: Dural repair with fat patch for idiopathic spinal cord herniation: operative technique and a review of seven cases
Manuscript number (if known): ____________________________________________________________

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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|   | **No time limit for this item.**                                                               |                                                                                   |
|   | **Time frame: past 36 months**                                                                 |                                                                                   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                      | __X__ None                                                                         |
| 3 | Royalties or licenses                                                                         | __X__ None                                                                         |
| 4 | Consulting fees                                                                               | __X__ None                                                                         |
|   | Description                                                                 | _X_ | None |
|---|-----------------------------------------------------------------------------|-----|------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ | None |
| 6 | Payment for expert testimony                                               | _X_ | None |
| 7 | Support for attending meetings and/or travel                               | _X_ | None |
| 8 | Patents planned, issued or pending                                         | _X_ | None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board           | _X_ | None |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | _X_ | None |
|11 | Stock or stock options                                                     | _X_ | None |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ | None |
|13 | Other financial or non-financial interests                                  | _X_ | None |

Please summarize the above conflict of interest in the following box:

None.

Please place an “X” next to the following statement to indicate your agreement:

_X_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.
Date: 2022/6/29
Your Name: Ye Cheng
Manuscript Title: Dural repair with fat patch for idiopathic spinal cord herniation: operative technique and a review of seven cases
Manuscript number (if known): __________________________________________________________________________

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| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                         | _X_ None                                                                        |
| 3 | Royalties or licenses                                                                             | _X_ None                                                                        |
| 4 | Consulting fees                                                                                  | _X_ None                                                                        |
|   | Description                                                                 | Answer |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ None |
| 6 | Payment for expert testimony                                                 | _X_ None |
| 7 | Support for attending meetings and/or travel                                 | _X_ None |
| 8 | Patents planned, issued or pending                                           | _X_ None |
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| 11| Stock or stock options                                                       | _X_ None |
| 12| Receipt of equipment, materials, drugs, medical writing, gifts or other services | _X_ None |
| 13| Other financial or non-financial interests                                   | _X_ None |

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Date: 2022/6/29
Your Name: Kai Wang
Manuscript Title: Dural repair with fat patch for idiopathic spinal cord herniation: operative technique and a review of seven cases
Manuscript number (if known): 

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| 3 | Royalties or licenses                                                           | _X_ None |
| 4 | Consulting fees                                                                | _X_ None |
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