ICMJE DISCLOSURE FORM

Date: ______________________ 2021.11.3
Your Name: ____________________ Hao Qin

Manuscript Title: Puncture and localization for percutaneous endoscopic lumbar discectomy with C-arm navigation: a randomized controlled cadaver trial
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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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

|   | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1 | **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.) No time limit for this item. | ____None                                                                         |
| 2 | **Time frame: past 36 months** |                                                                                  |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ____None                                                                         |
| 3 | Royalties or licenses | ____None                                                                         |
| 4 | Consulting fees | ____None                                                                         |
|   | Description                                                                 | Answer |
|---|-----------------------------------------------------------------------------|--------|
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manifold writing or educational events | None   |
| 6 | Payment for expert testimony                                                | None   |
| 7 | Support for attending meetings and/or travel                                | None   |
| 8 | Patents planned, issued or pending                                          | None   |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board           | None   |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None   |
|11 | Stock or stock options                                                      | None   |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None   |
|13 | Other financial or non-financial interests                                  | None   |

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

None of the above is involved.

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

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No time limit for this item. | None | |
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ICMJE DISCLOSURE FORM

Date: 2021.11.3
Your Name: Lin Xu

Manuscript Title: Puncture and localization for percutaneous endoscopic lumbar discectomy with C-arm navigation: a randomized controlled cadaver trial
Manuscript number (if known): ____________________________

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| 4    | Consulting fees | ____None | 

Date: ____________________________

Your Name: Lin Xu
Manuscript Title: Puncture and localization for percutaneous endoscopic lumbar discectomy with C-arm navigation: a randomized controlled cadaver trial
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| 7 | Support for attending meetings and/or travel                     | None |
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ICMJE DISCLOSURE FORM

Date: 2021.11.3
Your Name: Qingchun Mu

Manuscript Title: Puncture and localization for percutaneous endoscopic lumbar discectomy with C-arm navigation: a randomized controlled cadaver trial
Manuscript number (if known):

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| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | None                                                                             |
|   | 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).                       | None                                                                             |
| 3 | Royalties or licenses                                                                         | None                                                                             |
| 4 | Consulting fees                                                                              | None                                                                             |
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|11 | Stock or stock options                                                                         | None     |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services               | None     |
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ICMJE DISCLOSURE FORM

Date: 2021.11.3
Your Name: Xiang Luo

Manuscript Title: Puncture and localization for percutaneous endoscopic lumbar discectomy with C-arm navigation: a randomized controlled cadaver trial

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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).                     | _____None                                                                         |
| 3 | Royalties or licenses                                                                         | _____None                                                                         |
| 4 | Consulting fees                                                                               | _____None                                                                         |
|   | Description                                                                 | None |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None |
| 6 | Payment for expert testimony                                                | None |
| 7 | Support for attending meetings and/or travel                                | None |
| 8 | Patents planned, issued or pending                                          | None |
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| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None |
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Date: ____________ 2021.11.3
Your Name: ________________________________
Manuscript Title: Puncture and localization for percutaneous endoscopic lumbar discectomy with C-arm navigation: a randomized controlled cadaver trial
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| 2    | Grants or contracts from any entity (if not indicated in item #1 above). | past 36 months | None |
| 3    | Royalties or licenses | | None |
| 4    | Consulting fees | | None |

Date: __________________ 2021.11.3

Your Name: Shengbin Huang

Manuscript Title: Puncture and localization for percutaneous endoscopic lumbar discectomy with C-arm navigation: a randomized controlled cadaver trial

Manuscript number (if known): __________________________

Date: __________________ 2021.11.3

Your Name: Shengbin Huang

Manuscript Title: Puncture and localization for percutaneous endoscopic lumbar discectomy with C-arm navigation: a randomized controlled cadaver trial

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

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

Date: ____________________________ 2021.11.3
Your Name: ________________________ Maosheng Wang

Manuscript Title: Puncture and localization for percutaneous endoscopic lumbar discectomy with C-arm navigation: a randomized controlled cadaver trial

Manuscript number (if known): ________________________

Manuscript Title: Puncture and localization for percutaneous endoscopic lumbar discectomy with C-arm navigation: a randomized controlled cadaver trial

Manuscript number (if known): ________________________
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| 5 | Payment or honoraria for lectures, presentations,              | None |
|   | speakers bureaus, manuscript writing or educational events    |     |
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| 7 | Support for attending meetings and/or travel                   | None |
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|   | Board or Advisory Board                                        |     |
| 10| Leadership or fiduciary role in other board, society,          | None |
|   | committee or advocacy group, paid or unpaid                    |     |
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| 3 | Royalties or licenses | None |
| 4 | Consulting fees | None |

Date: 2021.11.3
Your Name: Chunmei Luo
Manuscript Title: Puncture and localization for percutaneous endoscopic lumbar discectomy with C-arm navigation: a randomized controlled cadaver trial
Manuscript number (if known):
|   | Description                                                                 | Response |
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Date: ______________________ 2021.11.3
Your Name: ______________________ Chunming Huang

Manuscript Title: Puncture and localization for percutaneous endoscopic lumbar discectomy with C-arm navigation: a randomized controlled cadaver trial
Manuscript number (if known): ________________________________________________________________

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| 9 | Participation on a Data Safety Monitoring Board or Advisory Board              | None   |
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Date: 2021.11.3
Your Name: Wenhua Huang

Manuscript Title: Puncture and localization for percutaneous endoscopic lumbar discectomy with C-arm navigation: a randomized controlled cadaver trial

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

Date: ____________________

Your Name: Wenhua Huang

Manuscript Title: Puncture and localization for percutaneous endoscopic lumbar discectomy with C-arm navigation: a randomized controlled cadaver trial
Manuscript number (if known): ____________________________________________________________________
|   |   |   |
|---|---|---|
| **5** | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None |
| **6** | Payment for expert testimony | None |
| **7** | Support for attending meetings and/or travel | None |
| **8** | Patents planned, issued or pending | None |
| **9** | Participation on a Data Safety Monitoring Board or Advisory Board | None |
| **10** | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None |
| **11** | Stock or stock options | None |
| **12** | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None |
| **13** | Other financial or non-financial interests | None |

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

None of the above is involved.

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.