

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Sertac

2. Surname (Last Name)

Kirnaz

3. Date

08-June-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Roger Hartl

5. Manuscript Title

Intraoperative Image Guidance for Cervical Spine Surgery

6. Manuscript Identifying Number (if you know it)

ATM-20-1101

Section 2. The Work Under Consideration for Publication

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Dr. Kirnaz has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Harry

2. Surname (Last Name)

Gebhard

3. Date

08-June-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Roger Hartl

5. Manuscript Title

Intraoperative Image Guidance for Cervical Spine Surgery

6. Manuscript Identifying Number (if you know it)

ATM-20-1101

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Dr. Gebhard has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Taylor

2. Surname (Last Name)

Wong

3. Date

08-June-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Roger Hartl

5. Manuscript Title

Intraoperative Image Guidance for Cervical Spine Surgery

6. Manuscript Identifying Number (if you know it)

ATM-20-1101

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Dr. Wong has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Franziska

2. Surname (Last Name)

Schmidt

3. Date

08-June-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Roger Hartl

5. Manuscript Title

Intraoperative Image Guidance for Cervical Spine Surgery

6. Manuscript Identifying Number (if you know it)

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Kosuke

2. Surname (Last Name)

Sato

3. Date

08-June-2020

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Yes No

Corresponding Author's Name

Roger Hartl

5. Manuscript Title

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Roger

2. Surname (Last Name)

Härtl

3. Date

08-June-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Intraoperative Image Guidance for Cervical Spine Surgery

6. Manuscript Identifying Number (if you know it)

ATM-20-1101

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Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

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