

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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### Section 1. Identifying Information

1. Given Name (First Name) Yuepeng	2. Surname (Last Name) Fang	3. Date 21-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Minfeng Gan
5. Manuscript Title Percutaneous kyphoplasty for a patient of Thoracolumbar Osteoporoticvertebral Compression Fractures with Distal Lumbosacral Pain		
6. Manuscript Identifying Number (if you know it) APM-19-264		

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Dr. Fang has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name) Yingjie	2. Surname (Last Name) Lu	3. Date 21-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Minfeng Gan
5. Manuscript Title Percutaneous kyphoplasty for a patient of Thoracolumbar Osteoporoticvertebral Compression Fractures with Distal Lumbosacral Pain		
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### Section 1. Identifying Information

1. Given Name (First Name)

Minfeng

2. Surname (Last Name)

Gan

3. Date

21-April-2020

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Percutaneous kyphoplasty for a patient of Thoracolumbar Osteoporotic vertebral Compression Fractures with Distal Lumbosacral Pain

6. Manuscript Identifying Number (if you know it)

APM-19-264

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1. Given Name (First Name) Xu	2. Surname (Last Name) Shen	3. Date 21-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Minfeng Gan
5. Manuscript Title Percutaneous kyphoplasty for a patient of Thoracolumbar Osteoporoticvertebral Compression Fractures with Distal Lumbosacral Pain		
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Dr. Shen has nothing to disclose.

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1. Given Name (First Name) Dongdong	2. Surname (Last Name) Lu	3. Date 21-April-2020
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