

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)
Hyeun Sung

2. Surname (Last Name)
Kim

3. Date
21-March-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Evolution of endoscopic transforaminal lumbar approach for degenerative lumbar disease

6. Manuscript Identifying Number (if you know it)

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Dr. Kim has nothing to disclose.

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Harshavardhan

2. Surname (Last Name)
Raorane

3. Date
21-March-2020

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Yes No

Corresponding Author's Name
Hyeun Sung Kim

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Dr. Raorane has nothing to disclose.

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1. Given Name (First Name)
Pang Hung

2. Surname (Last Name)
Wu

3. Date
21-March-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Hyeun Sung Kim

5. Manuscript Title
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1. Given Name (First Name) Yeon Jin	2. Surname (Last Name) Yi	3. Date 21-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hyeun Sung Kim
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