

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Juichi

2. Surname (Last Name)
Tonosu

3. Date
21-March-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Degree of Satisfaction Following Full-Endoscopic Cervical Foraminotomy

6. Manuscript Identifying Number (if you know it)
JSS-19-266 (FESS-2019-05)

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Dr. Tonosu has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Yasushi	2. Surname (Last Name) Oshima	3. Date 21-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Juichi Tonosu
5. Manuscript Title Degree of Satisfaction Following Full-Endoscopic Cervical Foraminotomy		
6. Manuscript Identifying Number (if you know it) JSS-19-266 (FESS-2019-05)		

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1. Given Name (First Name) Yuichi	2. Surname (Last Name) Takano	3. Date 21-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Juichi Tonosu
5. Manuscript Title Degree of Satisfaction Following Full-Endoscopic Cervical Foraminotomy		
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1. Given Name (First Name) Hirohiko	2. Surname (Last Name) Inanami	3. Date 21-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Juichi Tonosu
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Section 1. Identifying Information

1. Given Name (First Name) Hisashi	2. Surname (Last Name) Koga	3. Date 21-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Juichi Tonosu
5. Manuscript Title Degree of Satisfaction Following Full-Endoscopic Cervical Foraminotomy		
6. Manuscript Identifying Number (if you know it) JSS-19-266 (FESS-2019-05)		

Section 2. The Work Under Consideration for Publication

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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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Koga has nothing to disclose.

Evaluation and Feedback

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