

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Markus

2. Surname (Last Name)
Konieczny

3. Date
18-March-2020

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
MRI based analysis of grade of spinal canal stenosis and grade of
compression of nerve root by lumbar disc herniation as tools to predict

6. Manuscript Identifying Number (if you know it)
JSS-19-424

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.)?

Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Globus Medical	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fee for Lectures

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Section 6. Disclosure Statement

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Dr. Konieczny reports personal fees from Globus Medical, outside the submitted work; .

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)

Jeremia

2. Surname (Last Name)

Reinhardt

3. Date

20-March-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Markus Rafael Konieczny

5. Manuscript Title

Signal Intensity of Lumbar Disc Herniations: Correlation With Age of Herniation for Extrusion, Protrusion, and Sequestration

6. Manuscript Identifying Number (if you know it)

JSS-19-424

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ICMJE

INTERNATIONAL COMMITTEE *of*
MEDICAL JOURNAL EDITORS

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Has nothing to disclose

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Section 1. Identifying Information

1. Given Name (First Name)
Christoph

2. Surname (Last Name)
Schleich

3. Date
18-March-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Dr. M. Konieczny

5. Manuscript Title
MRI based analysis of grade of spinal canal stenosis and grade of compression of nerve root by lumbar disc herniation as tools to predict probability to need surgical treatment

6. Manuscript Identifying Number (if you know it)
JSS-19-424

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Section 1. Identifying Information

1. Given Name (First Name)

Max

2. Surname (Last Name)

Prost

3. Date

20-March-2020

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

MRI based analysis of grade of spinal canal stenosis and grade of compression of nerve root by lumbar disc herniation as tools to predict

6. Manuscript Identifying Number (if you know it)

JSS-19-424

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Dr. Prost has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Rüdiger	2. Surname (Last Name) Krauspe	3. Date 19-March-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Markus Konieczny
5. Manuscript Title MRI based analysis of grade of spinal canal stenosis and grade of compression of nerve root by lumbar disc herniation as tools to predict		
6. Manuscript Identifying Number (if you know it) JSS-19-424		

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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Corin	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speakers Honorarium
Nuvasive	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speakers Honorarium

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