

ICMJE DISCLOSURE FORM

Date:2022/9/30

Your Name:Hongxiang Huang

Manuscript Title: Intracranial hemorrhage after spinal surgery: a systematic literature review

Manuscript number (if known):N/A

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	

Please summarize the above conflict of interest in the following box:

There are no conflicts of interest to disclose.

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date:2022/9/30

Your Name:Changliang Zhu

Manuscript Title: Intracranial hemorrhage after spinal surgery: a systematic literature review

Manuscript number (if known):N/A

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ICMJE DISCLOSURE FORM

Date:2022/9/30

Your Name:Hao Qin

Manuscript Title: Intracranial hemorrhage after spinal surgery: a systematic literature review

Manuscript number (if known):N/A

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ICMJE DISCLOSURE FORM

Date:2022/9/30

Your Name: Li Deng

Manuscript Title: Intracranial hemorrhage after spinal surgery: a systematic literature review

Manuscript number (if known):N/A

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ICMJE DISCLOSURE FORM

Date:2022/9/30

Your Name: Chunming Huang

Manuscript Title: Intracranial hemorrhage after spinal surgery: a systematic literature review

Manuscript number (if known):N/A

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ICMJJE DISCLOSURE FORM

Date: 9/30/2022

Your Name: Comron Saifi

Manuscript Title: Intracranial hemorrhage after spinal surgery: a systematic literature review

Manuscript number (if known): N/A

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 X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 9/30/2022

Your Name: Kevin Bondar

Manuscript Title: Intracranial hemorrhage after spinal surgery: a systematic literature review

Manuscript number (if known): N/A

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Please place an "X" next to the following statement to indicate your agreement:

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ICMJE DISCLOSURE FORM

Date: 03/10/22

Your Name: Enrico Giordan

Manuscript Title: Intracranial hemorrhage after spinal surgery: a systematic literature review

Manuscript number (if known): _____

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

4	Consulting fees	<u> </u> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u> </u> None	
6	Payment for expert testimony	<u> </u> None	
7	Support for attending meetings and/or travel	<u> </u> None	
8	Patents planned, issued or pending	<u> </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> </u> None	
11	Stock or stock options	<u> </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> </u> None	
13	Other financial or non-financial interests	<u> </u> None	

Please summarize the above conflict of interest in the following box:

None

Please place an "X" next to the following statement to indicate your agreement:

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 10/1/22
 Your Name: Olumide Danisa
 Manuscript Title: Intracranial hemorrhage after spinal surgery: a systematic literature review
 Manuscript number (if known): _____

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>__X__</u> None	
3	Royalties or licenses	Globus Medical	
4	Consulting fees	<u>___</u> None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	ABOS	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please summarize the above conflict of interest in the following box:

3. I receive Royalties from Globus medical for development of a cervical implant since 2008

7. I serve on the American Board of Orthopedic Surgeons as an oral examiner and am reimbursed for travel and lodging to Chicago

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 30.9.2022

Your Name: Jun Ho Chung

Manuscript Title: Intracranial hemorrhage after spinal surgery: a systematic literature review

Manuscript number (if known):

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ICMJJE DISCLOSURE FORM

Date:10-1-2022

Your Name: Hossein Elgafy

Manuscript Title: **Intracranial hemorrhage after spinal surgery: a systematic literature review**

Manuscript number (if known): _____

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	speakers bureaus, manuscript writing or educational events		
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ICMJE DISCLOSURE FORM

Date: 30.9.2022

Your Name: Rannulu Dineth Fonseka

Manuscript Title: Intracranial hemorrhage after spinal surgery: a systematic literature review

Manuscript number (if known):

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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Date: 2022/9/30

Your Name: Chuixue Huang

Manuscript Title: Intracranial hemorrhage after spinal surgery: a systematic literature review

Manuscript number (if known): N/A

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	None	
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Your Name: Qingchun Mu

Manuscript Title: Intracranial hemorrhage after spinal surgery: a systematic literature review

Manuscript number (if known):N/A

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