

ICMJE DISCLOSURE FORM

Date: Oct 03, 2022

Your Name: CHEBLI NAJWA

Manuscript Title: **Symptomatic spinal cord compression in spinal epidural metastasis of a testicular germ cell tumor: a case report with review of the literature.**

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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3	Royalties or licenses	__X__ None	

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

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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: 03/10/2022

Your Name Mustapha Dahiri

Manuscript Title: **Symptomatic spinal cord compression in spinal epidural metastasis of a testicular germ cell tumor: a case report with review of the literature.**

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Date: 03/10/2022

Your Name Meryem El Aamraoui

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Date: 03/10/2022

Your Name Saad Lannaz

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