

ICMJE DISCLOSURE FORM

Date: June 05, 2023

Your Name: Anthony M. Oliva

Manuscript Title: New Frontiers in Intraoperative Neurophysiologic Monitoring: A Narrative review

Manuscript number (if known): ATM-22-4586

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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		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)
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3	Royalties or licenses	__X__ None	
4	Consulting fees	__X__ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
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None.

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

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Date: June 05, 2023

Your Name: Julio Montejano

Manuscript Title: New Frontiers in Intraoperative Neurophysiologic Monitoring: A Narrative review

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Date: May 15th, 2023

Your Name: Colby G. Simmons

Manuscript Title: New Frontiers in Intraoperative Neurophysiologic Monitoring: A Narrative review

Manuscript number (if known): ATM-22-4586

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ICMJE DISCLOSURE FORM

Date: May 17, 2023

Your Name: Scott Vogel

Manuscript Title: New Frontiers in Intraoperative Neurophysiologic Monitoring: A Narrative review

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Date: June 05, 2023

Your Name: Carlos Felipe Isaza Londoño

Manuscript Title: New Frontiers in Intraoperative Neurophysiologic Monitoring: A Narrative review

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Your Name: Claudia F. Clavijo

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