

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)

Cheng

2. Surname (Last Name)

Cheng

3. Date

06-July-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Fengzeng Jian

5. Manuscript Title

Clinical Results and Complications Associated with Oblique Lumbar Interbody Fusion Technique

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)

Kai

2. Surname (Last Name)

Wang

3. Date

06-July-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Fengzeng Jian

5. Manuscript Title

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1. Given Name (First Name) Can	2. Surname (Last Name) Zhang	3. Date 06-July-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Fengzeng Jian
5. Manuscript Title Clinical Results and Complications Associated with Oblique Lumbar Interbody Fusion Technique		
6. Manuscript Identifying Number (if you know it)		

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Hao

2. Surname (Last Name)

Wu

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06-July-2020

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Yes

No

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Fengzeng Jian

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Fengzeng

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Jian

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06-July-2020

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