

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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### Section 1. Identifying Information

1. Given Name (First Name) Nan	2. Surname (Last Name) Li	3. Date 11-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Wei Tian
5. Manuscript Title Risk factors for cage retropulsion after transforaminal lumbar interbody fusion in older patients		
6. Manuscript Identifying Number (if you know it) ATM-20-7416		

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Dr. Li 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)  
Min

2. Surname (Last Name)  
Dai

3. Date  
10-November-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Wei Tian

5. Manuscript Title  
Risk factors for cage retropulsion after transforaminal lumbar interbody fusion in older patients

6. Manuscript Identifying Number (if you know it)  
ATM-20-7416

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1. Given Name (First Name)  
Bin

2. Surname (Last Name)  
Zhang

3. Date  
10-November-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Wei Tian

5. Manuscript Title

Risk factors for cage retropulsion after transforaminal lumbar interbody fusion in older patients

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ATM-20-7416

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5. Manuscript Title Risk factors for cage retropulsion after transforaminal lumbar interbody fusion in older patients		
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Dr. He 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) Fangfang	2. Surname (Last Name) Duan	3. Date 11-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Wei Tian
5. Manuscript Title Risk factors for cage retropulsion after transforaminal lumbar interbody fusion in older patients		
6. Manuscript Identifying Number (if you know it) ATM-20-7416		

### 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

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Duan has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Yuqing	2. Surname (Last Name) Sun	3. Date 11-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Wei Tian
5. Manuscript Title Risk factors for cage retropulsion after transforaminal lumbar interbody fusion in older patients		
6. Manuscript Identifying Number (if you know it) ATM-20-7416		

### 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

### Section 4. Intellectual Property -- Patents & Copyrights

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Sun 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) Bo	2. Surname (Last Name) Liu	3. Date 11-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Wei Tian
5. Manuscript Title Risk factors for cage retropulsion after transforaminal lumbar interbody fusion in older patients		
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### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Liu has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Fengbo	2. Surname (Last Name) Mo	3. Date 09-November-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Wei Tian
5. Manuscript Title Risk factors for cage retropulsion after transforaminal lumbar interbody fusion in older patients		
6. Manuscript Identifying Number (if you know it) ATM-20-7416		

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Mo has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Wei

2. Surname (Last Name)

Tian

3. Date

11-November-2020

4. Are you the corresponding author?

Yes  No

5. Manuscript Title

Risk factors for cage retropulsion after transforaminal lumbar interbody fusion in older patients

6. Manuscript Identifying Number (if you know it)

ATM-20-7416

### Section 2. The Work Under Consideration for Publication

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