

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Zhuofu	2. Surname (Last Name) Li	3. Date 29-December-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Weishi Li
5. Manuscript Title Robot-assisted laminectomy in spinal surgery: a systematic review		
6. Manuscript Identifying Number (if you know it) ATM-20-5270		

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.)?

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Dr. Li has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Guoxin

2. Surname (Last Name)

Yu

3. Date

29-December-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Weishi Li

5. Manuscript Title

Robot-assisted laminectomy in spinal surgery: a systematic review

6. Manuscript Identifying Number (if you know it)

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Dr. Yu has nothing to disclose.

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1. Given Name (First Name)

Shuai

2. Surname (Last Name)

Jiang

3. Date

29-December-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Weishi Li

5. Manuscript Title

Robot-assisted laminectomy in spinal surgery: a systematic review

6. Manuscript Identifying Number (if you know it)

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Lei

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Hu

3. Date

29-December-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Weishi Li

5. Manuscript Title

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Weishi

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Li

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29-December-2020

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