Date:	2021.11.3	
Your <u>Name:</u>	Hao Qin	
Manuscript]	Fitle:Puncture and localization for p	percutaneous endoscopic lumbar discectomy with C-arm
navigation: a	a randomized controlled cadaver tr	ial
Manuscript r	number (if known):	
manuscripti		

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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		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)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Time frame: Since the initial	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastNone	36 months
3	Royalties or licenses	None	
4	Consulting fees	None	

-	nent or honoraria for	None	
-	nent or honoraria for	Nono	
lecti			
iccit	ures, presentations,		
spea	ikers bureaus,		
	uscript writing or		
	cational events		
	ment for expert	None	
-	mony		
lesu	mony		
	port for attending	None	
mee	tings and/or travel		
8 Pate	ents planned, issued or	None	
pend	-		
pend	ung		
	icipation on a Data	None	
	ty Monitoring Board or		
Advi	sory Board		
10 Leac	lership or fiduciary role	None	
in ot	her board, society,		
com	mittee or advocacy		
grou	ip, paid or unpaid		
	k or stock options	None	
12 Rece	eipt of equipment,	None	
	erials, drugs, medical		
	ing, gifts or other		
serv		• •	
	er financial or non-	None	
	acial interacto		
finar	ncial interests		

None of the above is involved.

Please place an "X" next to the following statement to indicate your agreement:

Date: 2021.11.3	
Your Name: Li Deng	
Manuscript Title:Puncture and localization for percutaneous endoscopic lumbar discecton	ny with C-arm
navigation: a randomized controlled cadaver trial	
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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		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)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding,	None	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
-	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

-	Devene entre a la caracia fan	Neve	
5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
	-		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
12	materials, drugs, medical		
	writing, gifts or other		
	services		
10	Other financial or non-	None	
13		None	
	financial interests		

None of the above is involved.

Please place an "X" next to the following statement to indicate your agreement:

Date:	2021.11.3	
Your <u>Name:</u>	Lin Xu	
Manuscript Titl	e:Puncture and localization	for percutaneous endoscopic lumbar discectomy with C-arm
navigation: a ra	andomized controlled cadav	er trial
Manuscript nur	nber (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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		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)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding,	None	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
-	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

-	Devene entre a la caracia fan	Neve	
5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
	-		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
12	materials, drugs, medical		
	writing, gifts or other		
	services		
10	Other financial or non-	None	
13		None	
	financial interests		

None of the above is involved.

Please place an "X" next to the following statement to indicate your agreement:

Date:	2021.11.3	
Your Name:	Qingchun Mu	
Manuscript]	Fitle:Puncture and localization for perc	utaneous endoscopic lumbar discectomy with C-arm
navigation: a	a randomized controlled cadaver trial	
Manuscript r	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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		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)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Time frame: Since the initial	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastNone	36 months
3	Royalties or licenses	None	
4	Consulting fees	None	

5 Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events None 6 Payment for expert testimony None 7 Support for attending meetings and/or travel None	
lectures, presentations, speakers bureaus, manuscript writing or educational events	
speakers bureaus, manuscript writing or educational events None 6 Payment for expert testimony None 7 Support for attending None	
manuscript writing or educational events	
manuscript writing or educational events None 6 Payment for expert testimony None 7 Support for attending None	
educational events None 6 Payment for expert testimony None 7 Support for attending None	
6 Payment for expert testimony None 7 Support for attending None	
testimony	
7 Support for attending None	
meetings and/or travel	
8 Patents planned, issued orNone	
pending	
9 Participation on a DataNone	
Safety Monitoring Board or	
Advisory Board	
10 Leadership or fiduciary roleNone	
in other board, society,	
committee or advocacy	
group, paid or unpaid	
11 Stock or stock options None	
12 Receipt of equipment, None	
materials, drugs, medical	
writing, gifts or other	
services	
13 Other financial or nonNone	
financial interests	

None of the above is involved.

Please place an "X" next to the following statement to indicate your agreement:

Date: 2021.11.3					
Your Name: Xiang Luo	_				
Manuscript Title:Puncture and localization for percutaneous endoscopic lumbar discectomy with C-arm					
navigation: a randomized controlled cadaver trial					
/anuscript 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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		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)
		Time frame: Since the initial	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding, provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5 Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events None 6 Payment for expert testimony None 7 Support for attending meetings and/or travel None	
lectures, presentations, speakers bureaus, manuscript writing or educational events	
speakers bureaus, manuscript writing or educational events None 6 Payment for expert testimony None 7 Support for attending None	
manuscript writing or educational events	
manuscript writing or educational events None 6 Payment for expert testimony None 7 Support for attending None	
educational events None 6 Payment for expert testimony None 7 Support for attending None	
6 Payment for expert testimony None 7 Support for attending None	
testimony	
7 Support for attending None	
meetings and/or travel	
8 Patents planned, issued orNone	
pending	
9 Participation on a DataNone	
Safety Monitoring Board or	
Advisory Board	
10 Leadership or fiduciary roleNone	
in other board, society,	
committee or advocacy	
group, paid or unpaid	
11 Stock or stock options None	
12 Receipt of equipment, None	
materials, drugs, medical	
writing, gifts or other	
services	
13 Other financial or nonNone	
financial interests	

None of the above is involved.

Please place an "X" next to the following statement to indicate your agreement:

Date:	2021.11.3			
Your Name:	Shengbin Huang			
Manuscript Title:Puncture and localization for percutaneous endoscopic lumbar discectomy with C-arm				
navigation: a randomized controlled cadaver trial				
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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		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)
		Time frame: Since the initial	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding, provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

5 Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events None 6 Payment for expert testimony None 7 Support for attending meetings and/or travel None	
lectures, presentations, speakers bureaus, manuscript writing or educational events	
speakers bureaus, manuscript writing or educational events None 6 Payment for expert testimony None 7 Support for attending None	
manuscript writing or educational events	
manuscript writing or educational events None 6 Payment for expert testimony None 7 Support for attending None	
educational events None 6 Payment for expert testimony None 7 Support for attending None	
6 Payment for expert testimony None 7 Support for attending None	
testimony	
7 Support for attending None	
meetings and/or travel	
8 Patents planned, issued orNone	
pending	
9 Participation on a DataNone	
Safety Monitoring Board or	
Advisory Board	
10 Leadership or fiduciary roleNone	
in other board, society,	
committee or advocacy	
group, paid or unpaid	
11 Stock or stock options None	
12 Receipt of equipment,None	
materials, drugs, medical	
writing, gifts or other	
services	
13 Other financial or nonNone	
financial interests	

None of the above is involved.

Please place an "X" next to the following statement to indicate your agreement:

Date:	2021.11.3			
Your Name:	Maosheng Wang			
Manuscript Title:Puncture and localization for percutaneous endoscopic lumbar discectomy with C-arm				
navigation: a randomized controlled cadaver trial				
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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		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)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Time frame: Since the initial	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastNone	36 months
3	Royalties or licenses	None	
4	Consulting fees	None	

_			
5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
_			
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
13	financial interests	None	

None of the above is involved.

Please place an "X" next to the following statement to indicate your agreement:

Date:	2021.11.3				
Your Name:	Chunmei Luo				
Manuscript ⁻	Manuscript Title:Puncture and localization for percutaneous endoscopic lumbar discectomy with C-arm				
navigation: a randomized controlled cadaver trial					
Manuscript	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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		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)
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	Time frame: Since the initial	
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pastNone	36 months
3	Royalties or licenses	None	
4	Consulting fees	None	

_			
5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending	None	
	meetings and/or travel		
_			
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
15	financial interests	None	

None of the above is involved.

Please place an "X" next to the following statement to indicate your agreement:

Date:	2021.11.3	
Your Name:	Chunming Huang	
Manuscript Title:Puncture and localization for percutaneous endoscopic lumbar discectomy with C-arm		
navigation: a randomized controlled cadaver trial		
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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		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)
		Time frame: Since the initial	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding, provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

	Doumont or honororio for		
) aumont or honoraria for		
	Payment or honoraria for	None	
le	lectures, presentations,		
S	peakers bureaus,		
	nanuscript writing or		
	educational events		
	Payment for expert	None	
	estimony		
L.	estimony		
	Support for attending	None	
n	neetings and/or travel		
8 P	Patents planned, issued or	None	
	bending		
p	Dending		
	Participation on a Data	None	
	Safety Monitoring Board or		
A	Advisory Board		
10 L	eadership or fiduciary role	None	
ir	n other board, society,		
С	committee or advocacy		
g	group, paid or unpaid		
	Stock or stock options	None	
	· · · · · · · · · · · · · · · · · · ·		
12 R	Receipt of equipment,	None	
	naterials, drugs, medical		
	writing, gifts or other		
-	services		
	Other financial or non-	None	
fi	inancial interests		
11			

None of the above is involved.

Please place an "X" next to the following statement to indicate your agreement:

Date:	2021.11.3
Your Name:	Wenhua Huang
Manuscript -	tle:Puncture and localization for percutaneous endoscopic lumbar discectomy with C-arm
navigation:	randomized controlled cadaver trial
Manuscript I	Imber (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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		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)
		Time frame: Since the initial	planning of the work
1	All support for the present	None	
	manuscript (e.g., funding, provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

	Doumont or honororio for		
) aumont or honoraria for		
	Payment or honoraria for	None	
le	lectures, presentations,		
S	peakers bureaus,		
	nanuscript writing or		
	educational events		
	Payment for expert	None	
	estimony		
L.	estimony		
	Support for attending	None	
n	neetings and/or travel		
8 P	Patents planned, issued or	None	
	bending		
p	Dending		
	Participation on a Data	None	
	Safety Monitoring Board or		
A	Advisory Board		
10 L	eadership or fiduciary role	None	
ir	n other board, society,		
С	committee or advocacy		
g	group, paid or unpaid		
	Stock or stock options	None	
	· · · · · · · · · · · · · · · · · · ·		
12 R	Receipt of equipment,	None	
	naterials, drugs, medical		
	writing, gifts or other		
-	services		
	Other financial or non-	None	
fi	inancial interests		
11			

None of the above is involved.

Please place an "X" next to the following statement to indicate your agreement: