

ICMJE DISCLOSURE FORM

Date: 2022-05-07

Your Name: Hao-Lin Yan

Manuscript Title: Special type of distal junctional failure at the sacroiliac joint: sacroiliac joint-related pain following lumbar spine surgery

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.

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The author has no conflicts of interest to declare.

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ICMJE DISCLOSURE FORM

Date: 2022-05-07

Your Name: Xu Jiang

Manuscript Title: Special type of distal junctional failure at the sacroiliac joint: sacroiliac joint-related pain following lumbar spine surgery

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ICMJE DISCLOSURE FORM

Date: 2022-05-07

Your Name: Chi Zhang

Manuscript Title: Special type of distal junctional failure at the sacroiliac joint: sacroiliac joint-related pain following lumbar spine surgery

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ICMJE DISCLOSURE FORM

Date: 2022-05-07

Your Name: Can-Chun Yang

Manuscript Title: Special type of distal junctional failure at the sacroiliac joint: sacroiliac joint-related pain following lumbar spine surgery

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ICMJE DISCLOSURE FORM

Date: 2022-05-07

Your Name: Jiong-Lin Wu

Manuscript Title: Special type of distal junctional failure at the sacroiliac joint: sacroiliac joint-related pain following lumbar spine surgery

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ICMJE DISCLOSURE FORM

Date: 2022-05-07

Your Name: Rui Guo

Manuscript Title: Special type of distal junctional failure at the sacroiliac joint: sacroiliac joint-related pain following lumbar spine surgery

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Date: 2022-05-07

Your Name: Xiao-Shuai Peng

Manuscript Title: Special type of distal junctional failure at the sacroiliac joint: sacroiliac joint-related pain following lumbar spine surgery

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Date: 2022-05-07

Your Name: Zhe-Yu Wang

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Your Name: Di Zhang

Manuscript Title: Special type of distal junctional failure at the sacroiliac joint: sacroiliac joint-related pain following lumbar spine surgery

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Date: 2022-05-07

Your Name: Qian-Cheng Zhao

Manuscript Title: Special type of distal junctional failure at the sacroiliac joint: sacroiliac joint-related pain following lumbar spine surgery

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Your Name: Zi-Liang Zeng

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Date: 2022-05-07

Your Name: Wen-Peng Li

Manuscript Title: Special type of distal junctional failure at the sacroiliac joint: sacroiliac joint-related pain following lumbar spine surgery

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Date: 2022-05-07

Your Name: Ren-Yuan Huang

Manuscript Title: Special type of distal junctional failure at the sacroiliac joint: sacroiliac joint-related pain following lumbar spine surgery

Manuscript number (if known): _____

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Time frame: past 36 months			
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3	Royalties or licenses	None	
4	Consulting fees	None	

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13	Other financial or non-financial interests	None	

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ICMJE DISCLOSURE FORM

Date: 2022-05-07

Your Name: Zhi-Lei Zhang

Manuscript Title: Special type of distal junctional failure at the sacroiliac joint: sacroiliac joint-related pain following lumbar spine surgery

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2022-05-07

Your Name: Qi-Wei Wang

Manuscript Title: Special type of distal junctional failure at the sacroiliac joint: sacroiliac joint-related pain following lumbar spine surgery

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2022-05-07

Your Name: Song Jin

Manuscript Title: Special type of distal junctional failure at the sacroiliac joint: sacroiliac joint-related pain following lumbar spine surgery

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ICMJE DISCLOSURE FORM

Date: 2022-05-07

Your Name: Xu-Min Hu

Manuscript Title: Special type of distal junctional failure at the sacroiliac joint: sacroiliac joint-related pain following lumbar spine surgery

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 2022-05-07

Your Name: Liang-Bin Gao

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