

ICMJE DISCLOSURE FORM

Date: July 10 2022
 Your Name: Xian-Bing Zhang
 Manuscript Title: Diagnosis and treatment of spinal dural arteriovenous fistula: a single-center experience of 32 patients.
 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 current manuscript only.

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		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)
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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.	____ None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	____ None	
3	Royalties or licenses	____ None	
4	Consulting fees	____ None	

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

Please summarize the above conflict of interest in the following box:

The author declares that no conflicts of interest pertinent to this study.

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

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: July 12th 2012
 Your Name: Zhai Xiaolei
 Manuscript Title: Diagnosis And treatment of spinal dural arteriovenous fistula: a single-center experience of 32 patients.
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: July 12th 2022

Your Name: ULI

Manuscript Title: Diagnosis And treatment of spinal dural arteriovenous fistula

Manuscript number (if known): _____ - : a single trans experience of 3 patients

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ICMJE DISCLOSURE FORM

Date: 2022.7.12

Your Name: Wu Deshen

Manuscript Title: Diagnosis and treatment of spinal dural arteriovenous fistula = a single-center experience of 32 patients

Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: July 12th 2022
 Your Name: Zhuang Guangliang
 Manuscript Title: Diagnosis and treatment of spinal dural arteriovenous fistula; a single-center experience of 32 patients
 Manuscript number (if known): _____

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ICMJE DISCLOSURE FORM

Date: July 11, 2011
 Your Name: Xi-Wei Xu
 Manuscript Title: Diagnosis and treatment of spinal dural arteriovenous fistula
 Manuscript number (if known): a single-center experience of 32 patients.

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ICMJE DISCLOSURE FORM

Date: July 12th 2022
 Your Name: Wangjie
 Manuscript Title: Diagnosis and treatment of spinal dural arteriovenous fistula: a single-center experience of 32 patients
 Manuscript number (if known): _____

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