

ICMJE DISCLOSURE FORM

Date: 12/4/2023 _____

Your Name: Lung-Hui Chiang _____

Manuscript Title: Efficacy and Reliability of Three-dimensional Fusion guidance for Fluoroscopic Navigation in Transarterial Embolization for Refractory Musculoskeletal Pain

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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Date: 12/4/2023 _____

Your Name: Ya-Che Chen _____

Manuscript Title: Efficacy and Reliability of Three-dimensional Fusion guidance for Fluoroscopic Navigation in Transarterial Embolization for Refractory Musculoskeletal Pain

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Date: 12/4/2023 _____

Your Name: Guo-Shu Huang _____

Manuscript Title: Efficacy and Reliability of Three-dimensional Fusion guidance for Fluoroscopic Navigation in Transarterial Embolization for Refractory Musculoskeletal Pain

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Date: 12/4/2023 _____

Your Name: Ting-Fu Huang _____

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Date: 12/4/2023 _____

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Your Name: Wei-Chou Chang _____

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