

ICMJE DISCLOSURE FORM

Date: 2023/8/19

Your Name: Zhanqi Wei

Manuscript Title: Intracardiac and intrapulmonary cement embolism after percutaneous vertebroplasty

Manuscript number (if known): QIMS-23-606

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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| Time frame: Since the initial planning of the work | | | |
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| Time frame: past 36 months | | | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | None | |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
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| 6 | Payment for expert testimony | None | |
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| 7 | Support for attending meetings and/or travel | None | |
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| 8 | Patents planned, issued or pending | None | |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None | |
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| 11 | Stock or stock options | None | |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | None | |
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Please place an "X" next to the following statement to indicate your agreement:

X 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: 2023/8/19

Your Name: Xisheng Weng

Manuscript Title: Intracardiac and intrapulmonary cement embolism after percutaneous vertebroplasty

Manuscript number (if known): QIMS-23-606

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