

ICMJE DISCLOSURE FORM

Date: 2023/3/5

Your Name: Li Jie

Manuscript Title: **Classification system based on radiographic characteristics for percutaneous endoscopic lumbar discectomy surgical approach selection in patients with L5-S1 disc herniation: a hierarchical clustering analysis**

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

The author has no conflicts of interest to declare.

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

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Date: 2023/3/5

Your Name: Chu Xu

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Your Name: Wentao Wan

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Your Name: Du

Lilong

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Your Name: Baoshan Xu

Manuscript Title: Classification system based on radiographic characteristics for percutaneous endoscopic lumbar discectomy surgical approach selection in patients with L5-S1 disc herniation: a hierarchical clustering analysis

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		Tianjin Municipal Health Commission	

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