Date:_____2023-11-12_____

Consulting fees

X ___None

Yo	ur Name:Xiaowen Liu _.			
	Manuscript Title: Evaluation and Analysis of the Surgical Treatment for Multi-level or Single-level Lumbar			
	generative Diseases, Based		_	
Ma	anuscript number (if known)	: QIMS-23	3-1108	
rel pa to	ated to the content of your rties whose interests may be	manuscript. "Related" me e affected by the content on necessarily indicate a bias.	Il relationships/activities/interests listed below that are cans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment . If you are in doubt about whether to list a	
Th	,		ips/activities/interests as they relate to the <u>current</u>	
to	• •	ension, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.	
	item #1 below, report all su e time frame for disclosure i	•	ed in this manuscript without time limit. For all other items,	
		Name all entities with	Specifications/Comments	
		whom you have this	(e.g., if payments were made to you or to your	
		relationship or indicate	institution)	
		none (add rows as		
		needed)		
		Time frame: Since the initia	al planning of the work	
L	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	XNone		
	processing charges, etc.) No time limit for this item.			
		Time frame: pas	t 36 months	
<u>)</u>	Grants or contracts from any entity (if not indicated in item #1 above).	X None		
}	Royalties or licenses	XNone		

5	Payment or honoraria for	_ X None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	V	
6	Payment for expert testimony	_ X None	
	testimony		
7	Company for attackling	V N	
/	Support for attending meetings and/or travel	_ X None	
8	Patents planned, issued or	_ X None	
	pending		
9	Participation on a Data	_ X None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment,	V None	
12	materials, drugs, medical	X None	
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
Ple	ease summarize the above o	onflict of interest in the fo	llowing box:
	None.		

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

Date:_____2023-11-12_____

X ___None

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Yo	ur Name:Tianyi Zhao				
Ma	anuscript Title: Eva	luation and Analysis of the	Surgical Treatment for Multi-level or Single-level Lumbar		
De	Degenerative Diseases, Based on the Radiograph				
Ma	anuscript number (if known): QIMS-23	3-1108		
In	the interest of transparency	y, we ask you to disclose all	I relationships/activities/interests listed below that are		
			ans any relation with for-profit or not-for-profit third		
-			of the manuscript. Disclosure represents a commitment		
	•	•	If you are in doubt about whether to list a		
rel	ationship/activity/interest,	it is preferable that you do	O SO.		
Th	o following guestions annly	, to the author's relationshi	ps/activities/interests as they relate to the current		
	e ronowing questions apply anuscript only.	to the author's relationship	ps/activities/interests as they relate to the <u>current</u>		
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Th	e author's relationships/act	tivities/interests should be	<u>defined broadly</u> . For example, if your manuscript pertains		
	• •		all relationships with manufacturers of antihypertensive		
me	edication, even if that medi	cation is not mentioned in	the manuscript.		
In	item #1 below, report all su	pport for the work reporte	d in this manuscript without time limit. For all other items,		
th	e time frame for disclosure	is the past 36 months.			
		Name all entities with	Specifications/Comments		
		whom you have this	(e.g., if payments were made to you or to your		
		relationship or indicate	institution)		
		none (add rows as			
		needed)			
		Time frame: Since the initia	I planning of the work		
•	All support for the present	X None			
	manuscript (e.g., funding, provision of study materials,				
	medical writing, article				
	processing charges, etc.)				
	No time limit for this item.				
		Time frame: past	36 months		
	Grants or contracts from	X None			
	any entity (if not indicated				
	in item #1 above).				
	l a 1 1.				
	Royalties or licenses	_ X None			

5	Payment or honoraria for	_ X None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	V	
6	Payment for expert testimony	_ X None	
	testimony		
7	Company for attackling	V N	
/	Support for attending meetings and/or travel	_ X None	
8	Patents planned, issued or	_ X None	
	pending		
9	Participation on a Data	_ X None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment,	V None	
12	materials, drugs, medical	X None	
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
Ple	ease summarize the above o	onflict of interest in the fo	llowing box:
	None.		

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

Date:_____2023-11-12_____

Consulting fees

X ___None

	ur Name:Chenxi Sun_		
M	anuscript Title: Eval	uation and Analysis of the	Surgical Treatment for Multi-level or Single-level Lumbar
	generative Diseases, Based		_
M	anuscript number (if known)): QIMS-23	3-1108
re pa to	ated to the content of your rties whose interests may be	manuscript. "Related" me e affected by the content necessarily indicate a bias	Il relationships/activities/interests listed below that are cans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment . If you are in doubt about whether to list a o so.
	e following questions apply nuscript only.	to the author's relationsh	ips/activities/interests as they relate to the current
to	•	ension, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.
	item #1 below, report all su e time frame for disclosure i	• •	ed in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	
		needed)	
		Time frame: Since the initia	al planning of the work
	All support for the present	X None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: pas	t 36 months
	Grants or contracts from	_ X None	
	any entity (if not indicated		
	in item #1 above).		
,	Royalties or licenses	_ X None	

5	Payment or honoraria for	_ X None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	V	
6	Payment for expert testimony	_ X None	
	testimony		
7	Company for attackling	V N	
/	Support for attending meetings and/or travel	_ X None	
8	Patents planned, issued or	_ X None	
	pending		
9	Participation on a Data	_ X None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment,	V None	
12	materials, drugs, medical	X None	
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
Ple	ease summarize the above o	onflict of interest in the fo	llowing box:
	None.		

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

Da	te:2023-11-12			
Υοι	ur Name:Haoyang Shi			
Ma	nuscript Title: Eval	uation and Analysis of the	Surgical Treatment for Multi-level or Single-level Lumbar	
	generative Diseases, Based			
Ma	nuscript number (if known)	:QIMS-23	-1108	
rela par to 1	ated to the content of your rties whose interests may be	manuscript. "Related" mea e affected by the content o necessarily indicate a bias.	relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third f the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.	
	e following questions apply nuscript only.	to the author's relationship	ps/activities/interests as they relate to the current	
to 1	•	ension, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive he manuscript.	i
	tem #1 below, report all sup time frame for disclosure is		d in this manuscript without time limit. For all other item	s,
		Name all entities with	Specifications/Comments	
		whom you have this	(e.g., if payments were made to you or to your	
		relationship or indicate	institution)	
		none (add rows as		
		needed)		
		Time frame: Since the initial	planning of the work	
	All support for the present	X None		
	manuscript (e.g., funding, provision of study materials,			
	medical writing, article			
	processing charges, etc.)			
	No time limit for this item.			

Time frame: past 36 months

Grants or contracts from

in item #1 above).

Royalties or licenses

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any entity (if not indicated

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None

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5	Payment or honoraria for	_ X None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	V	
6	Payment for expert testimony	_ X None	
	testimony		
7	Company for attackling	V N	
/	Support for attending meetings and/or travel	_ X None	
8	Patents planned, issued or	_ X None	
	pending		
9	Participation on a Data	_ X None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	X None	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment,	V None	
12	materials, drugs, medical	X None	
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
Ple	ease summarize the above o	onflict of interest in the fo	llowing box:
	None.		

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

Dat	te:2023-11-12_		
	ur Name:Jiangang Sh		
Ma	nuscript Title: Eva	luation and Analysis of th	e Surgical Treatment for Multi-level or Single-level Lumbar
	generative Diseases, Based		
Ma	nuscript number (if known):QIMS-2	23-1108
rela	ated to the content of your	manuscript. "Related" m	all relationships/activities/interests listed below that are leans any relation with for-profit or not-for-profit third
-		-	t of the manuscript. Disclosure represents a commitment s. If you are in doubt about whether to list a
	ationship/activity/interest	•	•
	e following questions apply nuscript only.	to the author's relations	hips/activities/interests as they relate to the current
IIIa	nuscript only.		
			e <u>defined broadly</u> . For example, if your manuscript pertains
			re all relationships with manufacturers of antihypertensive
me	dication, even if that medi	cation is not mentioned ii	n the manuscript.
In i	tem #1 below. report all su	upport for the work repor	ted in this manuscript without time limit. For all other items,
	time frame for disclosure	• •	ted in this manascript without time initial 101 an other facility
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		Name all entities with	Specifications/Comments
		whom you have this	(e.g., if payments were made to you or to your
		relationship or indicate	institution)
		none (add rows as	,
		needed)	
		Time frame: Since the init	ial planning of the work
L	All support for the present	_ X None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
)	Grants or contracts from	Time frame: pa	ist 36 months
-	any entity (if not indicated	X None	
	in item #1 above).		+
2	Royalties or licenses	V None	

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__None

5	Payment or honoraria for	_ X None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	V	
6	Payment for expert testimony	_ X None	
	testimony		
7	Company for attackling	V N	
/	Support for attending meetings and/or travel	_ X None	
8	Patents planned, issued or	_ X None	
	pending		
9	Participation on a Data	_ X None	
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	Advisory Board		
10	Leadership or fiduciary role	_ X None	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment,	V None	
12	materials, drugs, medical	X None	
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the fo	llowing box:
	None.		

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

Date:_____2023-11-12_____

X ___None

Consulting fees

Yo	ur Name:Guodong Shi				
Ma	Manuscript Title: Evaluation and Analysis of the Surgical Treatment for Multi-level or Single-level Lumbar				
De	generative Diseases, Based	on the Radiograph	_		
Ma	Manuscript number (if known): QIMS-23-1108				
rel pa to	ated to the content of your rties whose interests may be	manuscript. "Related" me e affected by the content on necessarily indicate a bias.	Il relationships/activities/interests listed below that are cans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment . If you are in doubt about whether to list a o so.		
	e following questions apply anuscript only.	to the author's relationsh	ips/activities/interests as they relate to the <u>current</u>		
to	• •	ension, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.		
	item #1 below, report all su e time frame for disclosure i	•	ed in this manuscript without time limit. For all other items,		
		Name all entities with	Specifications/Comments		
		whom you have this	(e.g., if payments were made to you or to your		
		relationship or indicate	institution)		
		none (add rows as			
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		Time frame: Since the initia	al planning of the work		
Ĺ	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article	XNone			
	processing charges, etc.) No time limit for this item.				
		Time frame: pas	t 36 months		
<u>)</u>	Grants or contracts from any entity (if not indicated in item #1 above).	XNone			
3	Royalties or licenses	XNone			

5	Payment or honoraria for	_ X None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	V	
6	Payment for expert testimony	_ X None	
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7	Company for attackling	V N	
/	Support for attending meetings and/or travel	_ X None	
8	Patents planned, issued or	_ X None	
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9	Participation on a Data	_ X None	
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	Advisory Board		
10	Leadership or fiduciary role	_ X None	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid		
11	Stock or stock options	X None	
12	Receipt of equipment,	V None	
12	materials, drugs, medical	X None	
	writing, gifts or other		
	services		
13	Other financial or non-	X None	
	financial interests		
Ple	ease summarize the above c	onflict of interest in the fo	llowing box:
	None.		

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

Date:_____2023-11-12____

Yo	ur Name:Yang Hou				
Ma	Manuscript Title: Evaluation and Analysis of the Surgical Treatment for Multi-level or Single-level Lumbar				
Degenerative Diseases, Based on the Radiograph					
Ma	Manuscript number (if known):QIMS-23-1108				
rel pa to rel Th ma	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 <u>current manuscript only</u> . The author's relationships/activities/interests should be <u>defined broadly</u> . For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript. In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.				
		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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2	Grants or contracts from any entity (if not indicated in item #1 above).	X None			
3	Royalties or licenses	XNone			
4	Consulting fees	X None			

5	Payment or honoraria for	_ X None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events	V	
6	Payment for expert testimony	_ X None	
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