

ICMJE DISCLOSURE

FORM

Date: 2023/10/23  
 Your Name: Hao Wang  
 Manuscript Title: A sacral hemangioma causing cauda equina dysfunction is successfully treated with surgery: a case description  
 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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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)
<b>Time frame: Since the initial planning of the work</b>			
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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
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Please summarize the above conflict of interest in the following box:

I have no conflicts of interest to declare.

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

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Date: 2023/10/23  
 Your Name: Talante Juma  
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Date: 2023/10/23  
 Your Name: Yuanheng Cui  
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Date: 2023/10/27

Your Name: Xiaoqiang Peng

Manuscript Title: A sacral hemangioma causing cauda equina dysfunction is successfully treated with surgery: a case description

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Date: 2023/10/23  
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