

ICMJE DISCLOSURE FORM

Date: Mar. 26th, 2021

Your Name: Xin Qin

Manuscript Title: A rare reason that causes acute neck pain that can cause misdiagnosis or missed diagnosis--- crowned dens syndrome: description of two cases and report and a literature analysis

Manuscript number (if known): QIMS-20-1347-R1

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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		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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None.

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

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Date: Mar. 26th, 2021

Your Name: Xiaofei Hu

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Date: Mar. 26th, 2021

Your Name: Qingzhen Wang

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Date: Mar. 26th, 2021

Your Name: Jigang Zeng

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Date: Mar. 26th, 2021

Your Name: Jie Chen

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