

## ICMJE DISCLOSURE FORM

**Date:** 12/21/2021

**Your Name:** Zhengkai Zhao

**Manuscript Title:** A solitary intramedullary neurofibroma in the cervicothoracic spinal cord: A case study and literature analysis

**Manuscript Number (if known):** QIMS-21-940

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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<b>6</b>	Payment for expert testimony	<b>X None</b>	
<b>7</b>	Support for attending meetings and/or travel	<b>X None</b>	
<b>8</b>	Patents planned, issued or pending	<b>X None</b>	
<b>9</b>	Participation on a Data Safety Monitoring Board or Advisory Board	<b>X None</b>	
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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<b>X None</b>	
<b>13</b>	Other financial or non-financial interests	<b>X None</b>	

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:** 12/21/2021

**Your Name:** Jianlin Li

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**Manuscript Number (if known):** QIMS-21-940

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## ICMJE DISCLOSURE FORM

**Date:** 12/21/2021

**Your Name:** Yuanyuan Chen

**Manuscript Title:** A solitary intramedullary neurofibroma in the cervicothoracic spinal cord: A case study and literature analysis

**Manuscript Number (if known):** QIMS-21-940

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## ICMJE DISCLOSURE FORM

**Date:** 12/21/2021

**Your Name:** Jian Liu

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**Your Name:** Qiuyi Cai

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**Date:** 12/21/2021

**Your Name:** Jiayu Zou

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<b>6</b>	Payment for expert testimony	<b>X None</b>	
<b>7</b>	Support for attending meetings and/or travel	<b>X None</b>	
<b>8</b>	Patents planned, issued or pending	<b>X None</b>	
<b>9</b>	Participation on a Data Safety Monitoring Board or Advisory Board	<b>X None</b>	
<b>10</b>	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<b>X None</b>	

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<b>13</b>	Other financial or non-financial interests	<b>X None</b>	

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**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:** 12/21/2021

**Your Name:** Ya Li

**Manuscript Title:** A solitary intramedullary neurofibroma in the cervicothoracic spinal cord: A case study and literature analysis

**Manuscript Number (if known):** QIMS-21-940

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## ICMJE DISCLOSURE FORM

**Date:** 12/21/2021

**Your Name:** Yong Liang

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**Manuscript Number (if known):** QIMS-21-940

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**Date:** 12/21/2021

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