

ICMJE DISCLOSURE FORM

Date: 11/25/2021

Your Name: Min Deng

Manuscript Title: Click or tap here to enter text.

Manuscript Number (if known): Click or tap here to enter text.

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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Your Name: Qianyun Chen

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

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: 11/25/2021

Your Name: Kwong Hang Yeung

Manuscript Title: Click or tap here to enter text.

Manuscript Number (if known): Click or tap here to enter text.

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ICMJE DISCLOSURE FORM

Date: 12/20/2021

Your Name: Wai Ping Fiona Yu

Manuscript Title: Statistical Changes of Lung Morphology in Patients with Adolescent Idiopathic Scoliosis after Spinal Fusion Surgery — A Prospective Study based on Low-Dose Biplanar X-ray Imaging

Manuscript Number (if known): Click or tap here to enter text.

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Your Name: Winnie Chiu Wing Chu

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