

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) haicheng	2. Surname (Last Name) dou	3. Date 06-January-2021
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name qishan huang
5. Manuscript Title Image measurements of os odontoideum in children		
6. Manuscript Identifying Number (if you know it) TP-20-416		

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Dr. Dou has nothing to disclose.

Evaluation and Feedback

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1. Given Name (First Name) chenglong	2. Surname (Last Name) xie	3. Date 06-January-2021
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1. Given Name (First Name)

qishan

2. Surname (Last Name)

huang

3. Date

06-January-2021

4. Are you the corresponding author?

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5. Manuscript Title

Image measurements of os odontoideum in children

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