

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 2. The work under consideration for publication.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Tae Hoon

2. Surname (Last Name)  
Kim

3. Date  
09-April-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Min Cheol Chang

5. Manuscript Title  
Spinal Cord Injury during Cervical Percutaneous Epidural Neuroplasty

6. Manuscript Identifying Number (if you know it)  
APM-20-215

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Dr. Kim has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Hee Kyung

2. Surname (Last Name)  
Cho

3. Date  
09-April-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Min Cheol Chang

5. Manuscript Title  
Spinal Cord Injury during Cervical Percutaneous Epidural Neuroplasty

6. Manuscript Identifying Number (if you know it)  
APM-20-215

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Dr. Cho has nothing to disclose.

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1. Given Name (First Name)  
Mathieu

2. Surname (Last Name)  
Boudier-Revéret

3. Date  
09-April-2020

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Min Cheol Chang

5. Manuscript Title  
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1. Given Name (First Name)  
Min Cheol

2. Surname (Last Name)  
Chang

3. Date  
09-April-2020

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