

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Jwo-Luen

2. Surname (Last Name)

Pao

3. Date

07-April-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Unilateral Biportal Endoscopic Decompression for Degenerative Lumbar Canal Stenosis

6. Manuscript Identifying Number (if you know it)

JSS-19-280 (JSS-2019-FESS-10)

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Section 1. Identifying Information

1. Given Name (First Name) Shang-Ming	2. Surname (Last Name) Lin	3. Date 07-April-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Jwo-Luen Pao
5. Manuscript Title Unilateral Biportal Endoscopic Decompression for Degenerative Lumbar Canal Stenosis		
6. Manuscript Identifying Number (if you know it) JSS-19-280(JSS-2019-FESS-10)		

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1. Given Name (First Name)
Wen-Chi

2. Surname (Last Name)
Chen

3. Date
08-April-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Jwo-Luen Pao

5. Manuscript Title
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