

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)

MAJID

2. Surname (Last Name)

ALJOGHAIMAN

3. Date

07-December-2019

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Survey of Lumbar Discectomy Practices: 10 Years in the Making

6. Manuscript Identifying Number (if you know it)

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Dr. ALJOGHAIMAN has nothing to disclose.

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AMANDA

2. Surname (Last Name)

MARTYNIUK

3. Date

07-December-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

majid aljoghaiman

5. Manuscript Title

Survey of Lumbar Discectomy Practices: 10 Years in the Making

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Ms. MARTYNIUK has nothing to disclose.

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1. Given Name (First Name) forrogh	2. Surname (Last Name) farrokhyar	3. Date 07-December-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name majid aljoghaiman
5. Manuscript Title Survey of Lumbar Discectomy Practices: 10 Years in the Making		
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ALEKSA

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CENIC

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07-December-2019

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Corresponding Author's Name

MAJID ALJOGHAIMAN

5. Manuscript Title

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