



ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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3. Relevant financial activities outside the submitted work.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Djiby Jean Marcel

2. Surname (Last Name)
OKAMON

3. Date
09-December-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
varicocèle complicating an anterior lumbar interbody fusion : a case report

6. Manuscript Identifying Number (if you know it)
ID: JSS-20-609

Section 2. The Work Under Consideration for Publication

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Dr. OKAMON has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
louis

2. Surname (Last Name)
chenin

3. Date
14-September-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
okamon djiby jean marcel

5. Manuscript Title
varicocele complicating an anterior lumbar interbody fusion: a case report

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Dr. chenin has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Alberic	2. Surname (Last Name) Bocco	3. Date 20-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Okamon Djiby Jean Marcel
5. Manuscript Title Varicocele complicating an anterior lumbar interbody fusion: a case report		
6. Manuscript Identifying Number (if you know it) _____		

Section 2. The Work Under Consideration for Publication

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Dr. Bocco has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
landry

2. Surname (Last Name)
drogba

3. Date
14-September-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
OKAMON Djiby Jean Marcel

5. Manuscript Title
varicocele complicating an anterior lumbar interbody fusion: a case report

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name) Aderehim	2. Surname (Last Name) Haidara	3. Date 19-September-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Okamon Djiby Jean Marcel
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johann

2. Surname (Last Name)
peltier

3. Date
19-September-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
okamon djiby jean marcel

5. Manuscript Title

Varicocele complicating an anterior lumbar interbody fusion : a case report

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No



ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. peltier has nothing to disclose.

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