

ICMJE DISCLOSURE FORM

Date: 9/12/2022

Your Name: JOSÉ MARÍA HERNÁNDEZ MATEO

Manuscript Title: ABDUCENS NERVE PALSY ASSOCIATED WITH PSEUDOMENINGOCELE AFTER CERVICAL SPINE SURGERY

Manuscript number (if known): JSS-22-92

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	_X_None	

Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> _X_ <input type="checkbox"/> None	
3	Royalties or licenses	<input type="checkbox"/> _X_ <input type="checkbox"/> None	
4	Consulting fees	<input type="checkbox"/> _X_ <input type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> _X_ <input type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> _X_ <input type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> _X_ <input type="checkbox"/> None	
8	Patents planned, issued or pending	<input type="checkbox"/> _X_ <input type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> _X_ <input type="checkbox"/> None	

10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> _X_ None	
11	Stock or stock options	<input checked="" type="checkbox"/> _X_ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> _X_ None	
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Please summarize the above conflict of interest in the following box:

None.

Please place an “X” next to the following statement to indicate your agreement:

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ICMJE DISCLOSURE FORM

Date: 8/12/2022

Your Name: ÓSCAR RIQUELME GARCÍA

Manuscript Title: ABDUCENS NERVE PALSY ASSOCIATED WITH PSEUDOMENINGOCELE AFTER CERVICAL SPINE SURGERY

Manuscript number (if known): JSS-22-92

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Date: 9/12/2022

Your Name: CRISTINA IGUALADA BLÁZQUEZ

Manuscript Title: ABDUCENS NERVE PALSY ASSOCIATED WITH PSEUDOMENINGOCELE AFTER CERVICAL SPINE SURGERY

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ICMJE DISCLOSURE FORM

Date: 7/12/2022

Your Name: MARÍA DEL CORO SOLANS LÓPEZ

Manuscript Title: ABDUCENS NERVE PALSY ASSOCIATED WITH PSEUDOMENINGOCELE AFTER CERVICAL SPINE SURGERY

Manuscript number (if known): JSS-22-92

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Date: 9/12/22

Your Name: LUIS ALEJANDRO ESPARRAGOZA CABRERA

Manuscript Title: ABDUCENS NERVE PALSY ASSOCIATED WITH PSEUDOMENINGOCELE AFTER CERVICAL SPINE SURGERY

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