

ICMJJE DISCLOSURE FORM

Date: 1/20/2023

Your Name: Albert Telfeian, M.D., Ph.D.

Manuscript Title: Transforaminal Endoscopic Thoracic Discectomy (TETD): Surgical Technique

Manuscript number: JSS-22-109

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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)
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
8	Patents planned, issued or pending	___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	
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13	Other financial or non-financial interests	___ None	

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:

 x I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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Date: 1/20/2023

Your Name: Ralf Wagner, M.D.

Manuscript Title: Transforaminal Endoscopic Thoracic Discectomy (TETD): Surgical Technique

Manuscript number: JSS-22-109

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