

ICMJE DISCLOSURE FORM

Date: B 15/05/23
 Your Name: BO YUAN LIU
 Manuscript Title: SPINAL ORTHOSI IN OSTEOPORE FRAGMENT OF THE
 Manuscript number (if known): 60607

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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Time frame: Since the initial planning of the work			
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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

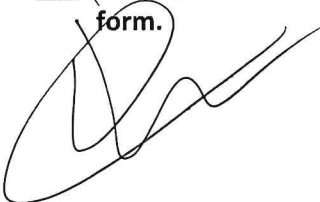
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
8	Patents planned, issued or pending	___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
11	Stock or stock options	___ None	
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13	Other financial or non-financial interests	___ None	

Please summarize the above conflict of interest in the following box:

Nil.

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

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


 ROWAN K HO
 15105123

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Date: 15/05/23
 Your Name: AUGUSTO GONZALEZ
 Manuscript Title: SPINAL ORTHOSIS IN OSTEOPORE FRACTURE OF THE
 Manuscript number (if known): EDERLY

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Mir Augusto Gonzalvo FRACS
 Neurosurgeon
 Director of Neurosurgery
 Austin Hospital
 P/N: 2758171H

15/05/2023.

ICMJE DISCLOSURE FORM

Date: 16/05/23

Your Name: Barry Kweh

Manuscript Title: Spinal Orthoses in Osteoporotic Fractures of the Elderly

Manuscript number (if known): _____

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