## ICMJE DISCLOSURE FORM

Date:_	Sep 18, 2023
V	Cauana a tala Clanna

Your Name: Sorayouth Chumnanvej

Manuscript Title:

Comparison of Standard and Modified Prone Positioning for Lateral Lumbar Spine

Fusion: A Feasibility Study to Reduce Lumbar Plexus Injury

Manuscript number (if known):\_\_ ID: JSS-23-92

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.

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The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

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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2	Grants or contracts from any entity (if not indicated in item #1 above).  Royalties or licenses	None None	36 months
3	Noyalties of licenses	INOTIC	
4	Consulting fees	None	

5	Payment or honoraria for	None		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	None		
	testimony			
7	Support for attending	None		
	meetings and/or travel			
8	Patents planned, issued or	None		
	pending			
9	Participation on a Data	None		
	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	None		
	in other board, society,			
	committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	None		
12	Receipt of equipment,	None		
	materials, drugs, medical			
	writing, gifts or other			
12	services Other financial or non-	News		
13	financial interests	None		
	illianciai interests			
Dias	Please summarize the above conflict of interest in the following box:			
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N	None			

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

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Your Name: Nopporn Lekcharoensombat

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1	All support for the present	Time frame: Since the initial	planning of the work
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	provision of study materials,		
medical writing, article processing charges, etc.)			
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		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
_	in item #1 above).	N.	
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4	Consulting fees	None	

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