

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Dong Hyun	2. Surname (Last Name) Bae	3. Date 19-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ju-Wan Seuk
5. Manuscript Title Long-term Clinical and Radiological Follow-Up after Anterior Endoscopic Cervical Discectomy: A Case Report		
6. Manuscript Identifying Number (if you know it) _____		

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Dr. Bae has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Ju-Wan

2. Surname (Last Name)

Seuk

3. Date

19-June-2020

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Long-term Clinical and Radiological Follow-Up after Anterior Endoscopic Cervical Discectomy: A Case Report

6. Manuscript Identifying Number (if you know it)

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