ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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### 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?  
   ✔ 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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Are there any relevant conflicts of interest?  
   ✔ No

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Section 6. Disclosure Statement

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Dr. Bae has nothing to disclose.

Evaluation and Feedback

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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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### Section 2. The Work Under Consideration for Publication

Did you or your institution *at any time* receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  
☐ Yes  
✔ No

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### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Seuk has nothing to disclose.

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1. Given Name (First Name)  
   Sang-Ho

2. Surname (Last Name)  
   Lee

3. Date  
   19-June-2020

4. Are you the corresponding author?  
   ☑ No

5. Manuscript Title  
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1. Given Name (First Name)  
   Junseok

2. Surname (Last Name)  
   Bae

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   19-June-2020

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   [ ] Yes  
   ✔ No  

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