ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)  
Hyeun Sung

2. Surname (Last Name)  
Kim

3. Date  
21-March-2020

4. Are you the corresponding author?  
☑ Yes  ☐ No

5. Manuscript Title  
Evolution of endoscopic transforaminal lumbar approach for degenerative lumbar disease

6. Manuscript Identifying Number (if you know it)

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Dr. Kim has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Harshavardhan

2. Surname (Last Name)  
   Raorane

3. Date  
   21-March-2020

4. Are you the corresponding author?  
   [ ] Yes  [ ] No

   Corresponding Author's Name  
   Hyeun Sung Kim

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Dr. Raorane has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Pang Hung
2. Surname (Last Name) Wu
3. Date 21-March-2020
4. Are you the corresponding author? ☑ Yes ☐ No
   Corresponding Author’s Name Hyeun Sung Kim

5. Manuscript Title
   Evolution of endoscopic transforaminal lumbar approach for degenerative lumbar disease

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**Section 1. Identifying Information**

1. **Given Name (First Name)**
   - Yeon Jin

2. **Surname (Last Name)**
   - Yi

3. **Date**
   - 21-March-2020

4. **Are you the corresponding author?**
   - Yes

5. **Manuscript Title**
   - Evolution of endoscopic transforaminal lumbar approach for degenerative lumbar disease

6. **Manuscript Identifying Number (if you know it)**

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1. Given Name (First Name)  
   Ill-Tae

2. Surname (Last Name)  
   Jang

3. Date  
   21-March-2020

4. Are you the corresponding author?  
   [ ] Yes  
   [x] No

   Corresponding Author's Name  
   Hyeun Sung Kim

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