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)
   Markus

2. Surname (Last Name)
   Konieczny

3. Date
   18-March-2020

4. Are you the corresponding author?  
   ✔ Yes  
   ❌ No

5. Manuscript Title
   MRI based analysis of grade of spinal canal stenosis and grade of compression of nerve root by lumbar disc herniation as tools to predict

6. Manuscript Identifying Number (if you know it)
   JSS-19-424

Section 2. The Work Under Consideration for Publication

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

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   ✔ Yes  
   ❌ No

If yes, please fill out the appropriate information below.

<table>
<thead>
<tr>
<th>Name of Entity</th>
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<th>Non-Financial Support?</th>
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Section 6. Disclosure Statement

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Dr. Konieczny reports personal fees from Globus Medical, outside the submitted work;

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Section 1. Identifying Information

1. Given Name (First Name)  
Jeremia

2. Surname (Last Name)  
Reinhardt

3. Date  
20-March-2020

4. Are you the corresponding author?  
☑ No

5. Manuscript Title  
Signal Intensity of Lumbar Disc Herniations: Correlation With Age of Herniation for Extrusion, Protrusion, and Sequestration

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1. Given Name (First Name)  
   Christoph  
2. Surname (Last Name)  
   Schleich  
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4. Are you the corresponding author?  
   No  
   ✔  
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7. Corresponding Author’s Name  
   Dr. M. Konieczny

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1. Given Name (First Name)  
   Max

2. Surname (Last Name)  
   Prost

3. Date  
   20-March-2020

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
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Dr. Prost has nothing to disclose.

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   Rüdiger

2. Surname (Last Name)  
   Krauspe

3. Date  
   19-March-2020

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

Corresponding Author's Name  
Markus Konieczny

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