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	r Name:Kenya Watar	nabe	Lewya	Was aroul
	Manuscript Title: Su	ıbacute Hemorrhagic Cyst c	of the Ligamehtum	Flavum Occurred in the
	Lumbosacral transition	al Vertebra Presenting as Pr	ogressive Lumbar I	Nerve root Compression: A Case
	Report_			
Man	nuscript number (if known):			
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1	manuscript (e.g., funding, provision of study materials, medical writing, article	relationship or indicate none (add rows as needed) Tilme frame: Since the initia	(e.g., if payment institution)	s were made to you or to your
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1	manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	relationship or indicate none (add rows as needed) Tilme frame: Since the initia	(e.g., if payment institution) al planning of the w	s were made to you or to your
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in item #1 above).

Royalties or licenses

None

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4	Consulting fees	None	
		. /	
5	Payment or honoraria for	None	
,	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or	,	
	educational events	. /	
6	Payment for expert	None	
U	testimony	INOTIC	
	testimony		
		<i>y</i>	
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
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9	Participation on a Data	None	
J	Safety Monitoring Board or	None	
	Advisory Board		
10	-	None	
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid	V	
11	Stock or stock options	None	
	operations		
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services	1/	
13	Other financial or non-	None	
	financial interests		
	-		
			

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I certify that I	have answered ever	y question and h	ave not altered	the wording of a	ny of the questio	ns on this
form. X		•		_		

Date:	11 th , Feb, 2021		6 6	
Your Nam	e:Katsuhiro Mitsui	Codsulino	MHS	M
	Manuscript Title: Subacute	Hemorrhagic Cyst of the	Ligamentum	Flavum Occurred in the
	Lumbosacral transitional Verteb	ora Presenting as Progres	ssive Lumbar	Nerve root Compression: A Case
	Report_			
Manuscri	ot number (if known):			

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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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
100		Time frame: Since the initia	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

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			
7	Support for attending meetings and/or travel	None	
	Ç ,		
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	
10	Danish of and the	/ NI	
12	Receipt of equipment,	None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		

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 _ I certify that	t I have answered o	every question and	l have not altered	the wording of any	of the questions	on this
form. X	X					

Date:	11 th , Feb, 2021
Your Nam	ne: Jun Sasaki Jun Sagaki
	Manuscript Title: Subacute Hemorrhagic Cyst of the Ligamentum Flavum Occurred in the
	Lumbosacral transitional Vertebra Presenting as Progressive Lumbar Nerve root Compression: A Case
	Report
Manuscri	ipt number (if known):

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200		Time frame: Since the initial	planning of the work
1	All support for the present	None	
-	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.) No time limit for this item.		
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		Time frame: past	36 months
2	Grants or contracts from	None	
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	in item #1 above).		
3	Royalties or licenses	None	

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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		
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9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
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	writing, gifts or other		
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13	Other financial or non-	None	
	financial interests		

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 certify that I have answered every question and have not altered the wording of any of the questions on thi	S
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Date:	11 th , Feb, 2021			
Your Nam	ne:Daiki Kumaki	Ua·k:	Kunak	<u> </u>
	Manuscript Title: Subacute He	emorrhagic Cyst of	f the Ligame	entum Flavum Occurred in the
	Lumbosacral transitional Vertebra	Presenting as Pro	ogressive Lu	umbar Nerve root Compression: A Case
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-	any entity (if not indicated		
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	lectures, presentations,		
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6	Payment for expert	None	1412
	testimony	*	
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		

9	Participation on a Data	None	
and the second	Safety Monitoring Board or		
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