

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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**Royalties:** Funds are coming in to you or your institution due to your patent

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Patrick	2. Surname (Last Name) Connolly	3. Date 02-October-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Stauff
5. Manuscript Title Controversies in the Management of Central Cord Syndrome: The State of the Art		
6. Manuscript Identifying Number (if you know it)		

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

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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Dr. Connolly has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Christian	2. Surname (Last Name) DiPaola	3. Date 02-October-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Stauff
5. Manuscript Title Controversies in the Management of Central Cord Syndrome: The State of the Art		
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Are there any relevant conflicts of interest?  Yes  No

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Dr. DiPaola has nothing to disclose.

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1. Given Name (First Name) Peter	2. Surname (Last Name) Wagner	3. Date 02-October-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Stauff
5. Manuscript Title Controversies in the Management of Central Cord Syndrome: The State of the Art		
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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Michael

2. Surname (Last Name)  
Stauff

3. Date  
02-October-2017

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Controversies in the Management of Central Cord Syndrome: The State of the Art

6. Manuscript Identifying Number (if you know it)

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