ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Jacob</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Fennessy</td>
</tr>
<tr>
<td>3. Date</td>
<td>15-June-2014</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>Yes ✔ No</td>
</tr>
<tr>
<td>Corresponding Author's Name</td>
<td>Kushagra Verma</td>
</tr>
</tbody>
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### Manuscript Title
Spinal dural arteriovenous fistula presenting as a recurrent nucleus pulposus herniation: Case Report and Literature Review

### 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

## Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication.

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

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Dr. Fennessy has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Jeffrey

2. Surname (Last Name)  
   Rihn

3. Date  
   15-June-2014

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

Corresponding Author’s Name  
Kushagra Verma

5. Manuscript Title  
   Spinal dural arteriovenous fistula presenting as a recurrent nucleus pulposus herniation: Case Report and Literature Review

6. Manuscript Identifying Number (if you know it)

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

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

If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
<th>Grant?</th>
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<th>Non-Financial Support?</th>
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Dr. Rihn reports personal fees from Pfizer Incorporated, grants from DePuy Spine, outside the submitted work;

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</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Verma</td>
</tr>
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<td>3. Date</td>
<td>15-June-2014</td>
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<tr>
<td>4. Are you the corresponding author?</td>
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Dr. Verma has nothing to disclose.

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Pascal

2. Surname (Last Name)  
Jabbour

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15-June-2014

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Corresponding Author’s Name
Kushagra Verma

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Huang
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<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Huang</td>
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