ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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<thead>
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<th>2. Surname (Last Name)</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Takashi</td>
<td>Kaito</td>
<td>25-December-2018</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  

- [x] Yes  
- [ ] No

5. Manuscript Title  
iatrogenic arteriovenous fistula and retroperitoneal hemorrhage after tapping of lumbar pedicle screw

6. Manuscript Identifying Number (if you know it)  
CC-D-18-00477R1

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- [x] No

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- [x] No
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Dr. Kaito has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Takahiro
2. Surname (Last Name)  Makino
3. Date  25-December-2018
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Takashi Kaito
5. Manuscript Title
   Iatrogenic arteriovenous fistula and retroperitoneal hemorrhage after tapping of lumbar pedicle screw
6. Manuscript Identifying Number (if you know it)
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Dr. Makino has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Yusuke

2. Surname (Last Name)  
Sakai

3. Date  
25-December-2018

4. Are you the corresponding author?  
☑ No  
Corresponding Author’s Name  
Takashi Kaito

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Dr. Sakai has nothing to disclose.

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Takenaka
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2. Surname (Last Name)  Takenaka
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<tr>
<td>Hideki</td>
<td>Yoshikawa</td>
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Dr. Yoshikawa has nothing to disclose.

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