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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2. The work under consideration for publication.

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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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)  SATHISH
2. Surname (Last Name)  MUTHU
3. Date  30-July-2019
4. Are you the corresponding author?  ✔ Yes  ☐ No

5. Manuscript Title
Radiation free Management of Lumbar Spine Burst Fractures in Pregnant Women

6. Manuscript Identifying Number (if you know it)
CC-D-19-00294

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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**Section 6. Disclosure Statement**

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. MUTHU 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)  
Hemanthakumar

2. Surname (Last Name)  
G

3. Date  
20-August-2019

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

Corresponding Author’s Name  
Dr. Sathish Muthu

5. Manuscript Title  
Radiation free Management of Lumbar Spine Burst Fractures in Pregnant Women

6. Manuscript Identifying Number (if you know it)  
CC-D-19-00294R1

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

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. G has nothing to disclose.

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## Section 1. Identifying Information

1. **Given Name (First Name)**
   - Uvaraj

2. **Surname (Last Name)**
   - Nalli R

3. **Date**
   - 20-August-2019

4. **Are you the corresponding author?**
   - Yes

5. **Manuscript Title**
   - Radiation free Management of Lumbar Spine Burst Fractures in Pregnant Women

6. **Manuscript Identifying Number (if you know it)**
   - CC-D-19-00294R1

## 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

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

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

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Nalli R
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   SingaravadiVelu

2. Surname (Last Name)  
   V

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   20-August-2019

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   [ ] Yes  ✔ No

   Corresponding Author’s Name  
   Dr.Sathish Muthu

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