ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. **Given Name (First Name)**  
   Atsushi

2. **Surname (Last Name)**  
   Kimura

3. **Date**  
   26-November-2017

4. **Are you the corresponding author?**  
   - Yes
   - No  
   ✔️ No

5. **Manuscript Title**  
   The Incidence of Venous Thromboembolism Before and After Spinal Surgery Using an Indirect Multidetector Computed Tomography

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  
   ✔️ No

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

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   - Yes
   - No  
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## 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. Kimura has nothing to disclose.

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hideaki</td>
<td>Watanabe</td>
<td>26-November-2017</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
   - Yes  
   - No  

Corresponding Author’s Name  
Hirokazu Inoue

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)

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Dr. Watanabe has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Hirokazu
2. Surname (Last Name) Inoue
3. Date 26-November-2017
4. Are you the corresponding author? ✔ Yes ☐ No
5. Manuscript Title
The Incidence of Venous Thromboembolism Before and After Spinal Surgery Using an Indirect Multidetector Computed Tomography
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Dr. Inoue has nothing to disclose.

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1. Given Name (First Name)  
   Hitoshi

2. Surname (Last Name)  
   Okami

3. Date  
   26-November-2017

4. Are you the corresponding author?  
   ☑ No

Corresponding Author’s Name  
   Hirokazu Inoue

5. Manuscript Title  
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Dr. Okami has nothing to disclose.

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1. Given Name (First Name)  
   Katsuhi

2. Surname (Last Name)  
   Takeshita

3. Date  
   26-November-2017

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   No

Corresponding Author’s Name  
Hirokazu Inoue

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Dr. Takeshita has nothing to disclose.

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