

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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Anthony

2. Surname (Last Name)
Kouri

3. Date
24-February-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Mimickers of Cervical Spondylotic Myelopathy

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Kouri 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) Mustafa	2. Surname (Last Name) Khan	3. Date 24-February-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Anthony Kouri
5. Manuscript Title Mimickers of Cervical Spondylotic Myelopathy		
6. Manuscript Identifying Number (if you know it)		

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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Dr. Khan has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Mina	2. Surname (Last Name) Tanios	3. Date 24-February-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Anthony Kouri
5. Manuscript Title Mimickers of Cervical Spondylotic Myelopathy		
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Section 1. Identifying Information

1. Given Name (First Name) Joseph	2. Surname (Last Name) Herron	3. Date 24-February-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Anthony Kouri
5. Manuscript Title Mimickers of Cervical Spondylotic Myelopathy		
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Section 1. Identifying Information

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