ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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<tr>
<td>Anthony</td>
<td>Kouri</td>
<td>24-February-2018</td>
</tr>
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4. Are you the corresponding author?  Yes ☑  No

5. Manuscript Title
Mimickers of Cervical Spondylotic Myelopathy

6. Manuscript Identifying Number (if you know it)

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Dr. Kouri has nothing to disclose.

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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?  Yes  ☑ 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

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.)?
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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?**  
   Yes ☑ No

   **Corresponding Author’s Name**  
   Anthony Kouri

5. **Manuscript Title**  
   Mimickers of Cervical Spondylotic Myelopathy

6. **Manuscript Identifying Number (if you know it)**

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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?  
   - Yes [x]  
   - No  

   Corresponding Author’s Name
   - Anthony Kouri

5. Manuscript Title
   - Mimickers of Cervical Spondylotic Myelopathy

6. Manuscript Identifying Number (if you know it)

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<td>Cooper</td>
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<tr>
<td>3. Date</td>
<td>24-January-2018</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>☐ Yes ☑ No</td>
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Dr. Cooper has nothing to disclose.

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