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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Section 1. Identifying Information

1. Given Name (First Name)  
   Karan Raj

2. Surname (Last Name)  
   Jaggi

3. Date  
   08-April-2019

4. Are you the corresponding author?  
   Yes ✔ No

Corresponding Author’s Name  
Anil K Jain

5. Manuscript Title  
   Spinal Tuberculosis: Current Concepts Review

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-19-00001R1

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Are there any relevant conflicts of interest?  
Yes ✔ No

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Section 6. Disclosure Statement

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Dr. Jaggi has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Vithal Prasad

2. Surname (Last Name)  
   Myneedu

3. Date  
   08-April-2019

4. Are you the corresponding author?  
   Yes  ✔  No

   Corresponding Author’s Name  
   Anil K Jain

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

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1. Given Name (First Name)  
   SHANMUGANATHAN

2. Surname (Last Name)  
   RAJASEKARAN

3. Date  
   27-March-2019

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

   Corresponding Author’s Name  
   ANIL K JAIN

5. Manuscript Title  
   TUBERCULOSIS OF SPINE: CURRENT CONCEPT REVIEW

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Dr. RAJASEKARAN has nothing to disclose.

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1. Given Name (First Name)  
   Anil

2. Surname (Last Name)  
   Jain

3. Date  
   16-March-2019

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Tuberculosis of Spine: Current Concept Review

6. Manuscript Identifying Number (if you know it)

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