

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Oren	2. Surname (Last Name) Zimhony	3. Date 18-December-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Peleg Ben-Galim
5. Manuscript Title Intradural Extension of Pyogenic Epidural Abscess: A Case Report		
6. Manuscript Identifying Number (if you know it)		

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1. Given Name (First Name)
Peleg

2. Surname (Last Name)
Ben-Galim

3. Date
18-December-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title
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4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Peleg Ben-Galim
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