

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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### Section 1. Identifying Information

1. Given Name (First Name) Nicomedes	2. Surname (Last Name) Fernandez-Baillo	3. Date 29-January-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Beatriz Garcia-Maya
5. Manuscript Title MEDIAN SACRAL ARTERY RUPTURE AS A COMPLICATION OF POSTERIOR-ONLY APPROACH OF L4 TOTAL EN BLOC SPONDILECTOMY		
6. Manuscript Identifying Number (if you know it) CC-D-19-00427		

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1. Given Name (First Name) Francisco-Javier	2. Surname (Last Name) Perez-Grueso	3. Date 29-January-2020
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Javier

2. Surname (Last Name)

Pizones

3. Date

29-January-2020

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Yes  No

Corresponding Author's Name

Beatriz Garcia-Maya

5. Manuscript Title

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Jose Miguel

2. Surname (Last Name)

Sanchez-Marquez

3. Date

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Yes  No

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Beatriz Garcia-Maya

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Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

#### Definitions.

**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

**Grant:** A grant from an entity, generally [but not always] paid to your organization

**Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

**Issued:** The patent has been issued by the agency

**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**Royalties:** Funds are coming in to you or your institution due to your patent



## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Beatriz

2. Surname (Last Name)  
Garcia-Maya

3. Date  
29-January-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
MEDIAN SACRAL ARTERY RUPTURE AS A COMPLICATION OF POSTERIOR-ONLY APPROACH OF L4 TOTAL EN BLOC SPONDILECTOMY

6. Manuscript Identifying Number (if you know it)  
CC-D-19-00427

### 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

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Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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