

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name) Kei	2. Surname (Last Name) Ando	3. Date 29-October-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hiroaki Nakashima
5. Manuscript Title Essential Surgical Technique for French-door (Double-door) Laminoplasty		
6. Manuscript Identifying Number (if you know it)		

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1. Given Name (First Name) Naoki	2. Surname (Last Name) Ishiguro	3. Date 29-October-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hiroaki Nakashima
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6. Manuscript Identifying Number (if you know it)		

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1. Given Name (First Name) Hideki	2. Surname (Last Name) Yagi	3. Date 29-October-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hiroaki Nakashima
5. Manuscript Title Essential Surgical Technique for French-door (Double-door) Laminoplasty		
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Section 1. Identifying Information

1. Given Name (First Name)
Hiroaki

2. Surname (Last Name)
Nakashima

3. Date
29-October-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title
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