

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Kenya

2. Surname (Last Name)
Nojiri

3. Date
06-October-2017

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Kota Watanabe

5. Manuscript Title

A 20-year prospective longitudinal study on degeneration of the cervical spine using MRI in volunteers: follow-up of a cross sectional study

6. Manuscript Identifying Number (if you know it)

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Dr. Nojiri has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

YUJI

2. Surname (Last Name)

NISHIWAKI

3. Date

07-October-2017

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Kota Watanabe

5. Manuscript Title

A 20-year prospective longitudinal study on degeneration of the cervical spine using MRI in volunteers: follow-up of a cross sectional study

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Dr. NISHIWAKI has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Masahiko

2. Surname (Last Name)

Watanabe

3. Date

06-October-2017

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Kota Watanabe

5. Manuscript Title

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Dr. Watanabe has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Takashi	2. Surname (Last Name) Tsuji	3. Date 05-October-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Kota Watanabe
5. Manuscript Title A 20-year prospective longitudinal study on degeneration of the cervical spine using MRI in volunteers: follow-up of a cross sectional study		
6. Manuscript Identifying Number (if you know it) 		

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Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Lecture's fee	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Showa Yakuhin Kako Co. Ltd., Janssen Pharma KK, Pfizer Japan, Eli Lilly Japan, Shionogi Pharma, Medtronic Inc,

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Dr. Tsuji reports personal fees from Lecture's fee, outside the submitted work; .

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Hirokazu

2. Surname (Last Name)

Fujiwara

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05-October-2017

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☐ Yes

☒ No

Corresponding Author's Name

Kota Watanabe

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Dr. Fujiwara has nothing to disclose.

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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)
Hiroko

2. Surname (Last Name)
Ishihama

3. Date
07-October-2017

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Kota Watanabe

5. Manuscript Title

A 20-year prospective longitudinal study on degeneration of the cervical spine using MRI in volunteers: follow-up of a cross sectional study

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.)?

Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 4. Intellectual Property -- Patents & Copyrights

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Ishihama has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Nobuyuki	2. Surname (Last Name) Fujita	3. Date 09-October-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Kota Watanabe
5. Manuscript Title A 20-year prospective longitudinal study on degeneration of the cervical spine using MRI in volunteers: follow-up of a cross sectional study		
6. Manuscript Identifying Number (if you know it) 		

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Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
The General Insurance Association of Japan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Joint Collaborative Research

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Fujita reports grants from The General Insurance Association of Japan, during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Hiroyuki

2. Surname (Last Name)
Katoh

3. Date
09-October-2017

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Kota Watanabe

5. Manuscript Title

A 20-year prospective longitudinal study on degeneration of the cervical spine using MRI in volunteers: follow-up of a cross sectional study

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Katoh has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Kentaro

2. Surname (Last Name)
Shimizu

3. Date
23-October-2017

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Kota Watanabe

5. Manuscript Title
A 20-year prospective longitudinal study on degeneration of the cervical spine using MRI in volunteers: follow-up of a cross sectional study

6. Manuscript Identifying Number (if you know it)

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Dr. Shimizu has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Eijiro	2. Surname (Last Name) Okada	3. Date 07-October-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Kota Watanabe
5. Manuscript Title A 20-year prospective longitudinal study on degeneration of the cervical spine using MRI in volunteers: follow-up of a cross sectional study		
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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
The general insurance association of Japan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Joint Collaborative Research

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Dr. Okada reports grants from The general insurance association of Japan, during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Kenshi	2. Surname (Last Name) Daimon	3. Date 23-October-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Kota Watanabe
5. Manuscript Title A 20-year prospective longitudinal study on degeneration of the cervical spine using MRI in volunteers: follow-up of a cross sectional study		
6. Manuscript Identifying Number (if you know it) JBJS-D-17-01347		

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Are there any relevant conflicts of interest? ☒ Yes ☐ No

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
The general insurance association of Japan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Joint Collaborative Research

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Dr. Daimon reports grants from The general insurance association of Japan, during the conduct of the study; .

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Section 1. Identifying Information

1. Given Name (First Name)
Kota

2. Surname (Last Name)
Watanabe

3. Date
25-November-2017

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

5. Manuscript Title

A 20-year prospective longitudinal study on degeneration of the cervical spine using MRI in volunteers: follow-up of a cross sectional study

6. Manuscript Identifying Number (if you know it)

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Morio	2. Surname (Last Name) Matsumoto	3. Date 21-November-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Kota Watanabe
5. Manuscript Title A 20-year prospective longitudinal study on degeneration of the cervical spine using MRI in volunteers: follow-up of a cross sectional study		
6. Manuscript Identifying Number (if you know it) D-17-01347		

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Masaya	2. Surname (Last Name) Nakamura	3. Date 23-February-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Kota Watanabe
5. Manuscript Title A 20-year prospective longitudinal study on degeneration of the cervical spine using MRI in volunteers: follow-up of a cross sectional study		
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