ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name): Takashi
2. Surname (Last Name): Kaito
3. Date: 25-December-2018

4. Are you the corresponding author? [✓] Yes [ ] No

5. Manuscript Title: Iatrogenic arteriovenous fistula and retroperitoneal hemorrhage after tapping of lumbar pedicle screw

6. Manuscript Identifying Number (if you know it): CC-D-18-00477R1

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

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Dr. Kaito 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): Takahiro
2. Surname (Last Name): Makino
3. Date: 25-December-2018

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

Corresponding Author's Name: Takashi Kaito

5. Manuscript Title: Iatrogenic arteriovenous fistula and retroperitoneal hemorrhage after tapping of lumbar pedicle screw

6. Manuscript Identifying Number (if you know it): CC-D-18-00477R1

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

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Dr. Makino has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name): Yusuke
2. Surname (Last Name): Sakai
3. Date: 25-December-2018

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

Corresponding Author's Name: Takashi Kaito

5. Manuscript Title: Iatrogenic arteriovenous fistula and retroperitoneal hemorrhage after tapping of lumbar pedicle screw

6. Manuscript Identifying Number (if you know it): CC-D-18-00477R1

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Dr. Sakai has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name): Shota
2. Surname (Last Name): Takenaka
3. Date: 25-December-2018

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

Corresponding Author's Name: Takashi Kaito

5. Manuscript Title: Iatrogenic arteriovenous fistula and retroperitoneal hemorrhage after tapping of lumbar pedicle screw

6. Manuscript Identifying Number (if you know it): CC-D-18-00477R1

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name): Hideki
2. Surname (Last Name): Yoshikawa
3. Date: 25-December-2018

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

Corresponding Author's Name: Takashi Kaito

5. Manuscript Title: Iatrogenic arteriovenous fistula and retroperitoneal hemorrhage after tapping of lumbar pedicle screw

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Dr. Yoshikawa has nothing to disclose.

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