

### ICMJE DISCLOSURE FORM

Date: 05/01/2022  
 Your Name: DR SAUMYAJIT BASU  
 Manuscript Title: Subacute post traumatic ascending myelopathy (SPAM): A rare complication after Thoracicolumbar CP  
 Manuscript number (if known): CC-D-2P-00822 Cord Injury: A case report

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The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	<i>No conflict of interest to disclose.</i>
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>      </u> None	
6	Payment for expert testimony	<u>      </u> None	
7	Support for attending meetings and/or travel	<u>      </u> None	
8	Patents planned, issued or pending	<u>      </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u>      </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u>      </u> None	
11	Stock or stock options	<u>      </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>      </u> None	
13	Other financial or non-financial interests	<u>      </u> None	

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.



DR SAUMYAJIT BASU

05-01-2022

### ICMJE DISCLOSURE FORM

Date: 05/02/2022  
 Your Name: DR KUSHAL GOMIL  
 Manuscript Title: Subacute post-traumatic ascending myelopathy (SPAM): A rare complication after  
 Manuscript number (if known): CC-D-21-00822

*Thoracic and  
 Spinal Cord Inj  
 : A case report*

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*Kushal*

Dr Kushal Gohil

05.01.2022.

### ICMJE DISCLOSURE FORM

Date: 05/01/2022  
 Your Name: DR TRINANJAN SARANGI  
 Manuscript Title: Subacute post-traumatic ascending myelopathy (SPAM): A rare complication of the  
 Manuscript number (if known): CC-D-21-00822

*Thoracolumbar & Spinal Cord Injury : A case report*

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DR TRINANJANA SARANGI

05.01.2022