

# ICMJE DISCLOSURE FORM

Date: 3/2/2022  
 Your Name: Koichiro Shima  
 Manuscript Title: Lateral Interbody Fusion for Hyperlordosis and Negative Sagittal Vertical Axis due to Accordion Phenomenon: A Case Report  
 Manuscript number (if known): CC-D-22-00039

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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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.

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9	Participation on a Data Safety Monitoring Board or Advisory Board	_____ None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_____ None	
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  X   I certify that I have answered every question and have not altered the wording of any of the questions on this form.