

ICMJE DISCLOSURE FORM

Date: 27.07.2022

Your Name: Dr Saumyajit Basu

Manuscript Title: Subacute Posttraumatic Ascending Myelopathy following Thoracolumbar Spinal cord Injury

Manuscript number (if known):REVIEWS-D-22-00097R1

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Time frame: past 36 months			
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3	Royalties or licenses	<u>None</u>	
4	Consulting fees	<u>None</u>	

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. X


Dr Saumyajit Basu

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Date: 27.07.2022

Your Name: Dr Kushal Gohil

Manuscript Title: Subacute Posttraumatic Ascending Myelopathy following Thoracolumbar Spinal cord Injury

Manuscript number (if known): REVIEWS-D-22-00097R1

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Dr Kushal Gohil
 27.07.2022