ICMJE DISCLOSURE FORM

Date: 1/19/2024
Your Name: Alexander Baur
Manuscript Title: Spinal Epidural Hematoma and Permanent Paraplegia Following Spinal Cord Stimulator Implantation:
A Case Report
Manuscript number (if known): JSS-23-139-CL

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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations,	None	
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	manuscript writing or		
_	educational events		
6	Payment for expert	None	
	testimony		
_			
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	None	
12	Descint of acrimonant	Nama	
12	Receipt of equipment, materials, drugs, medical	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.

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Date: 1/19/2024
our Name: <i>Keith Lustig</i>
Manuscript Title: Spinal Epidural Hematoma and Permanent Paraplegia Following Spinal Cord Stimulator Implantatio
A Case Report
Manuscript number (if known): JSS-23-139-CL

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