Date:	9/10/2024	
Your Name:	Jason Pui Yin CHEUNG	
Manuscript Title:	Defining multilevel developmental cervical spinal stenosis using MRI – a population-level study	
Manuscript Number (if known):	BJJ-2024-0166.R2	
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.		
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.		
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4	Consulting fees	None None	
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6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		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)
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	■ None	
13	Other financial or non-financial interests	None	
Plea	Please place an "X" next to the following statement to indicate your agreement:		

Date:	7/15/2024
Your Name:	Vivien Wai Yan Lee
Manuscript Title:	Multilevel Developmental Cervical Spinal Stenosis Using Magnetic Resonance Imaging - a population-based study
Manuscript Number (if known):	BJJ-2024-0166.R2

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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	Click the tab key to add additional rows.
		Time frame: past 36 months	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	

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3	Royalties or licenses	None None	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None     Non	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
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	society, committee or			
	advocacy group, paid or unpaid			
11	Stock or stock options		None	
12	Receipt of equipment,		None	
	materials, drugs, medical writing,			
	gifts or other			
	services			
13	Other financial or non-financial		None	
	interests			
Plea	Please place an "X" next to the following statement to indicate your agreement:			
$\square$	I certify that I have	answe	ered every question and have not altered the wo	ording of any of the questions on this form

Dat	e:		9/10/2024		
Your Name:			Justin Ho Ming Leung		
Manuscript Title:			Defining multilevel developmental cervical	spinal stenosis using MRI – a population-level study	
Ma	nuscript Number (if k	nown):	BJJ-2024-0166.R2		
con affe ind	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.			ot-for-profit third parties whose interests may be nt to transparency and does not necessarily /interest, it is preferable that you do so.	
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6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea	Please place an "X" next to the following statement to indicate your agreement:		

Date:	7/15/2024
Your Name:	Prudence Wing Hang Cheung
Manuscript Title:	Multilevel Developmental Cervical Spinal Stenosis Using Magnetic Resonance Imaging - a population-based study
Manuscript Number (if known):	BJJ-2024-0166.R2

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6	Payment for expert testimony	None     ■	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None     Non	
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11	Stock or stock options		None			
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services		None			
13	Other financial or non-financial interests		None			
Please place an "X" next to the following statement to indicate your agreement:						
$\boxtimes$	I certify that I have answered every question and have not altered the wording of any of the questions on this form					