ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.
2. The work under consideration for publication.
   
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Kim
### Section 1. Identifying Information

1. **Given Name (First Name)**  
   Shin-Jae

2. **Surname (Last Name)**  
   Kim

3. **Date**  
   27-March-2020

4. **Are you the corresponding author?**  
   [ ] Yes  
   ✔ No

   **Corresponding Author’s Name**  
   Sang-Ha Shin

5. **Manuscript Title**  
   Spindle cell schwannoma in thoracic spinal cord: Case report

6. **Manuscript Identifying Number (if you know it)**  
   AMJ-20-14-R2

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### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?  

Are there any relevant conflicts of interest?  
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   ✔ No

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Are there any relevant conflicts of interest?  
   [ ] Yes  
   ✔ No

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### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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   ✔ No
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Dr. Kim has nothing to disclose.

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Shin
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Sang-Ha
2. Surname (Last Name) Shin
3. Date 27-March-2020
4. Are you the corresponding author? Yes ✔ No
5. Manuscript Title
Spindle cell schwannoma in thoracic spinal cord: Case report
6. Manuscript Identifying Number (if you know it)
AMJ-20-14-R2

Section 2. The Work Under Consideration for Publication

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1. Given Name (First Name) Sang-Ho
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<tr>
<td>Junseok</td>
<td>Bae</td>
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</table>

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Corresponding Author’s Name: Sang-Ha Shin

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