

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Danfeng	2. Surname (Last Name) Xu	3. Date 09-December-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Jianxin Xie
5. Manuscript Title Severe lumbar spinal stenosis combined with Guillain-Barré syndrome: A case report and literature review		
6. Manuscript Identifying Number (if you know it) 58497		

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

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Xu has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Bing

2. Surname (Last Name)  
Wu

3. Date  
09-December-2020

4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name  
Jianxin Xie

5. Manuscript Title  
Severe lumbar spinal stenosis combined with Guillain-Barré syndrome: A case report and literature review

6. Manuscript Identifying Number (if you know it)  
58497

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Dr. Wu has nothing to disclose.

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1. Given Name (First Name) Jinxin	2. Surname (Last Name) Wang	3. Date 09-December-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Jianxin Xie
5. Manuscript Title Severe lumbar spinal stenosis combined with Guillain-Barré syndrome: A case report and literature review		
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1. Given Name (First Name) Jian	2. Surname (Last Name) Yu	3. Date 09-December-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Jianxin Xie
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Jianxin

2. Surname (Last Name)

Xie

3. Date

09-December-2020

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☒ Yes ☐ No

5. Manuscript Title

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