

Disclosure Purpose: AJNR Disclosures

## Disclosure Information:

1. **Are you the corresponding author?**

Yes.

2. **What is the Manuscript Title?**

Spontaneous Spinal CSF Leaks Stratified by Age, BMI, and Spinal Level

3. **What is the Manuscript Identifying Number (if you know it)?**

AJNR-22-00254

4. **Please select which of the following apply to each relationship or activity:**

You are not disclosing any interests to this organization.

5. **I confirm I have disclosed all direct support for the present manuscript (e.g. funding, provision of study materials, medical writing, article processing charges, etc.) There is no time limit for this item.**

Yes

6. **Please indicate below whether in the past 36 months you have had any of the following interests that are topically related to the work reported in the manuscript.**

a. **Employment (If you need to add an interest, return to the previous step and select "Employment")**

No, I have no relevant interests of this type

b. **Grants or contracts for research (If you need to add an interest, return to the previous step and select "Grant/Contract")**

No, I have no relevant interests of this type

c. **Payment for consulting (If you need to add an interest, return to the previous step and select "Independent Contractor")**

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d. **Payments or honoraria for lectures, presentations, speakers bureaus, or educational events (If you need to add an interest, return to the previous step and select "Independent Contractor" and include the correct information under "Consultant")**

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## a. Employment Kaiser Permanente

The relationship is in direct support of the work reported in the manuscript anytime from when the work was conceived

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