Summary of Interests

Company or Organization

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<th>Entity</th>
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Additional Questions

1. Are you the corresponding author?
   No.

2. What is the Manuscript Title?
   Frequency of Coexistent Spinal Segment Variants: Retrospective Analysis in Asymptomatic Young Adults,

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

4. Please select which of the following apply to each relationship or activity:
   a. Other Professional Activities - Other Siemens
      Neither
   b. Other Professional Activities - Other Siemens
      Neither

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")
      Yes, as disclosed above
   c. Payment for consulting (If you need to add an interest, return to the previous step and select "Independent Contractor")
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f. Payment for participation Data and safety monitoring board (If you need to add an interest, return to the previous step and select “Independent Contractor”)
   No, I have no relevant interests of this type
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10. Are there other financial or non-financial interests that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work not disclosed above?
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Certification
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I do not have any interests to disclose at this time.

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8. **Have you or your institution received equipment, materials, drugs, or services in direct support of the work in the manuscript (without time limit) not disclosed above?**

No.

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**Certification**

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Category: Consultant

Intellectual Property

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

4. Please select which of the following apply to each relationship or activity:
   a. Other Professional Activities - Consultant Treace Medical Concepts, Inc.
      Neither
   b. Other Intellectual Property Publishing- royalty
      Neither
   c. Other Intellectual Property book royalty
      Neither

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.
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Additional Questions

1. Are you the corresponding author?
   No.

2. What is the Manuscript Title?
   CT-guided C2 DRG Radiofrequency Ablation for the Treatment of Cervicogenic Headache: Case Series and Clinical Outcomes.

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

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      Neither
   b. Other Professional Activities - Other Surgalign Spine Technologies, Inc.
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      Covera Health
      
      Neither
   
   b. **Other Professional Activities - Consultant**
      
      Globus Medical, Inc.
c. Other Professional Activities - Consultant Image Analysis Group
   Neither

d. Other Professional Activities - Consultant Image Biopsy Lab
   Neither

e. Other Professional Activities - Consultant Pfizer
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f. Other Professional Activities - Consultant Simplify Medical
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