

## ICMJE DISCLOSURE FORM

**Date:** 10/10/2022

**Your Name:** Elisabet Danielsen

**Manuscript Title:** Clinical outcomes after surgery for cervical radiculopathy performed in public and private hospitals: a nationwide relative effectiveness study

**Manuscript Number (if known):** BJJ-2022-0591.R1

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.

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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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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<b>3</b>	Royalties or licenses	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>									
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<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b>	
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

**Date:** 10/10/2022

**Your Name:** Sasha Gulati

**Manuscript Title:** Clinical outcomes after surgery for cervical radiculopathy performed in public and private hospitals: a nationwide relative effectiveness study

**Manuscript Number (if known):** BJJ-2022-0591.R1

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Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

**Date:** 10/10/2022

**Your Name:** Tor Ingebrigtsen

**Manuscript Title:** Clinical outcomes after surgery for cervical radiculopathy performed in public and private hospitals: a nationwide relative effectiveness study.

**Manuscript Number (if known):** BJJ-2022-0591.R1

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## ICMJE DISCLOSURE FORM

**Date:** 10/10/2022

**Your Name:** Øystein P. Nygaard

**Manuscript Title:** Clinical outcomes after surgery for cervical radiculopathy performed in public and private hospitals: a nationwide relative effectiveness study

**Manuscript Number (if known):** BJJ-2022-0591.R1

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**Date:** 10/10/2022

**Your Name:** Øyvind Salvesen

**Manuscript Title:** Clinical outcomes after surgery for cervical radiculopathy performed in public and private hospitals: a nationwide relative effectiveness study

**Manuscript Number (if known):** BJJ-2022-0591.R1

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.

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Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

**Date:** 10/8/2021

**Your Name:** Tore K. Solberg

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