

## Spine Surgery and Related Research Change of Authorship Form

Please provide following information

**Manuscript ID:** \_\_\_\_\_ **Corresponding author:** \_\_\_\_\_

**Title:** \_\_\_\_\_

If there are more than ten authors, please use additional copies.

### Section 1

Please provide the former authorship as it appears in the manuscript and the types of changes needed. The all former authors must sign below agreeing to the changes in authorship.

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2.		Unchanged <input type="checkbox"/> Removed <input type="checkbox"/> Change of order <input type="checkbox"/>	
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**Section 2**

Please explain your reasons for changing the authorship of your manuscript.

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**Section 3**

Please provide the updated authorship as it appears in the *revised* manuscript and the types of changes applied. The all updated authors must sign below agreeing to the changes in authorship.

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