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**Other:** Anything not covered under the previous three boxes

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**Royalties:** Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Branko
2. Surname (Last Name) Kopjar
3. Date 08-March-2016
4. Are you the corresponding author? ☑ Yes ☐ No
   Corresponding Author’s Name Michael G. Fehlings
5. Manuscript Title
   Risk factors and clinical outcomes of dysphagia after anterior cervical surgery in patients with degenerative cervical myelopathy: Results from the AOSpine International and North America Studies
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Dr. Kopjar reports other from AO Spine, during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Hiroaki
2. Surname (Last Name) Nakashima
3. Date 08-March-2016
4. Are you the corresponding author? Yes ☐ No ✔
5. Manuscript Title
Risk factors and clinical outcomes of dysphagia after anterior cervical surgery in patients with degenerative cervical myelopathy: Results from the AOSpine International and North America Studies

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

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Dr. Nakashima reports other from AO Spine, during the conduct of the study; .

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Tetreault
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Lindsay
2. Surname (Last Name)  Tetreault
3. Date  08-March-2016
4. Are you the corresponding author?  Yes  ✔  No
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Section 1. Identifying Information

1. Given Name (First Name)  
   Michael

2. Surname (Last Name)  
   Fehlings

3. Date  
   08-March-2016

4. Are you the corresponding author?  
   ✔ Yes   ☐ No

5. Manuscript Title  
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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Narihito

2. Surname (Last Name)  
   Nagoshi

3. Date  
   08-March-2016

4. Are you the corresponding author?  
   ✔ Yes  
   No

   Corresponding Author's Name  
   Michael G. Fehlings

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   Yes  
   ✔ No
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

☐ Yes, the following relationships/conditions/circumstances are present (explain below):

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Dr. Nagoshi reports other from AO Spine, during the conduct of the study;.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.
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1. Identifying information.

2. The work under consideration for publication.

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3. Relevant financial activities outside the submitted work.

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Royalties: Funds are coming in to you or your institution due to your patent
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Section 1. Identifying Information

1. Given Name (First Name) Paul
2. Surname (Last Name) Arnold
3. Date 08-March-2016
4. Are you the corresponding author? ☑ No

5. Manuscript Title
Risk factors and clinical outcomes of dysphagia after anterior cervical surgery in patients with degenerative cervical myelopathy: Results from the AOSpine International and North America Studies

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☑ No

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

If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
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<th>Comments</th>
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<td>AO Spine North America</td>
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Dr. Arnold reports personal fees from Evoke Medical, personal fees from Z-Plasty, personal fees from Medtronic Sofamor Danek, personal fees from Stryker Spine, personal fees from AO Spine North America, personal fees from FzioMed, outside the submitted work.

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Giuseppe</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Barbagallo</td>
</tr>
<tr>
<td>3. Date</td>
<td>10-March-2016</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
   - Yes
   - No  ✔

   Corresponding Author’s Name  
   - Michael G. Fehlings

5. Manuscript Title  
   Risk factors and clinical outcomes of dysphagia after anterior cervical surgery in patients with degenerative cervical myelopathy: Results from the AOSpine International and North America Studies

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Dr. Barbagallo has nothing to disclose.

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