ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

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Section 1. Identifying Information

1. Given Name (First Name)  Sigurd H
2. Surname (Last Name)  Berven
3. Date  25-May-2016
4. Are you the corresponding author?  Yes  No

5. Manuscript Title  Degenerative Spinal Deformity- A multidisciplinary approach to care

6. Manuscript Identifying Number (if you know it)

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Berven
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Dr. Berven reports personal fees from Medtronic, personal fees from Stryker, personal fees from Globus, personal fees from RTI, grants from AOSpine, grants from NIH, grants from NSF, other from Baxano, other from Simpirica, other from Providence Medical, outside the submitted work; .
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### Section 1. Identifying Information

1. Given Name (First Name)  
   Deeptee  
2. Surname (Last Name)  
   Jain  
3. Date  
   29-August-2016  
4. Are you the corresponding author?  
   [ ] Yes  
   [x] No  
   Corresponding Author’s Name  
   Dr. Sigurd Berven  
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Dr. Jain has nothing to disclose.

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   Praveen 

2. Surname (Last Name)  
   Mummaneni 

3. Date  
   29-August-2016 

4. Are you the corresponding author?  
   ☑ Yes   

   Corresponding Author’s Name  
   Dr. Sigurd Berven 

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<td>O’Neill</td>
<td>29-August-2016</td>
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4. Are you the corresponding author?  
[ ] Yes  
[ ] No  

**Corresponding Author’s Name**  
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For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.


This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

Use this section to report 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.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.
Grant: A grant from an entity, generally [but not always] paid to your organization
Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations
Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.
Other: Anything not covered under the previous three boxes
Pending: The patent has been filed but not issued
Issued: The patent has been issued by the agency
Licensed: The patent has been licensed to an entity, whether earning royalties or not
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)  Amy
2. Surname (Last Name) Selinger
3. Date  29-August-2016
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Dr. Sigurd Berven

5. Manuscript Title
   Degenerative Spinal Deformity- A multidisciplinary approach to care

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

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Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the “Add +” box. You should report relationships that were present during the 36 months prior to publication.

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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No
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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?

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Selinger has nothing to disclose.

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