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.

2. The work under consideration for publication.

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

5. Relationships not covered above.

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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)  Courtney
2. Surname (Last Name) O'Donnell
3. Date 20-July-2016
4. Are you the corresponding author? Yes ❌ No
   Corresponding Author’s Name Sumeet Garg
5. Manuscript Title
   Strategies to Minimize Blood Loss and Transfusion in Pediatric Spine Surgery
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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Are there any relevant conflicts of interest? Yes ❌ No

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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Section 6. Disclosure Statement

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Dr. O’Donnell has nothing to disclose.

Evaluation and Feedback

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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)  Mark
2. Surname (Last Name)  Erickson
3. Date  20-July-2016
4. Are you the corresponding author?  ✔ Yes
   □ No
Corresponding Author’s Name  Sumeet Garg
5. Manuscript Title
   Strategies to Minimize Blood Loss and Transfusion in Pediatric Spine Surgery
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?  ✔ Yes
   □ No

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   □ No
If yes, please fill out the appropriate information below.

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<tr>
<td>Biomet</td>
<td>□</td>
<td>✔</td>
<td>□</td>
<td>□</td>
<td>Past</td>
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Dr. Erickson reports other from POSNA Board of Directors, personal fees from Biomet, outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name)  
Nicole

2. Surname (Last Name)  
Michael

3. Date  
20-July-2016

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

Corresponding Author’s Name  
Sumeet Garg

5. Manuscript Title  
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Ms. Michael has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Sumeet  

2. Surname (Last Name)  
   Garg  

3. Date  
   20-July-2016  

4. Are you the corresponding author?  
   Yes ✔ No  

5. Manuscript Title  
   Strategies to Minimize Blood Loss and Transfusion in Pediatric Spine Surgery  

6. Manuscript Identifying Number (if you know it)  

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<td>Expert testimony 9/3/14</td>
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<td></td>
<td>✔</td>
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<td></td>
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Dr. Garg reports personal fees from Medtronic, personal fees from DePuy Synthes Spine, personal fees from Robert P Schuster, personal fees from Decision Support in Medicine, outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name)  Nikki
2. Surname (Last Name)  Bloch
3. Date  20-July-2016
4. Are you the corresponding author?  ☑ No
   Corresponding Author’s Name  Sumeet Garg
5. Manuscript Title
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Ms. Bloch has nothing to disclose.

Evaluation and Feedback

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