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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Section 1. Identifying Information

1. Given Name (First Name)  Lindsay
2. Surname (Last Name)  Tetreault
3. Date  08-July-2016
4. Are you the corresponding author?  ☐ Yes  ☑ No
   Corresponding Author’s Name  Michael G. Fehlings
5. Manuscript Title
   Comparison of anterior and posterior surgery for degenerative cervical myelopathy – A MRI-based propensity score matched analysis using data from the prospective multicenter AOSpine CSM North America and International studies
6. Manuscript Identifying Number (if you know it)

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

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Dr. Tetreault reports other from AOSPINE North America, other from AOSPINE International, during the conduct of the study;

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**Section 1. Identifying Information**

1. Given Name (First Name)  
Michael

2. Surname (Last Name)  
Fehlings

3. Date  
06-July-2016

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

5. Manuscript Title  
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Fehlings
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<td>2. Surname (Last Name)</td>
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<td>3. Date</td>
<td>28-January-2017</td>
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<td>4. Are you the corresponding author?</td>
<td>Yes ✔ No</td>
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Corresponding Author’s Name
Michael Fehlings

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

1. **Given Name (First Name)**
   - Dongjin

2. **Surname (Last Name)**
   - Wu

3. **Date**
   - 08-July-2016

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

5. **Manuscript Title**
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1. Given Name (First Name)  
   Aria

2. Surname (Last Name)  
   Nouri

3. Date  
   06-July-2016

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

   Corresponding Author’s Name  
   Michael G. Fehlings

5. Manuscript Title  
   Comparison of anterior and posterior surgery for degenerative cervical myelopathy – A MRI-based propensity score matched analysis using data from the prospective multicenter AOSpine CSM North America and International studies

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

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the “X” button.

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Are there any relevant conflicts of interest?  
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   ☐ Yes  ☑ No

Nouri
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☑ No other relationships/conditions/circumstances that present a potential conflict of interest

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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. Nouri reports other from AOSPINE North America, other from AOSPINE International, during the conduct of the study.

Evaluation and Feedback

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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.**

   This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking “No” means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check “Yes”.

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   This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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4. **Intellectual Property.**

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

5. **Relationships not covered above.**

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**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

Nori
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Satoshi
2. Surname (Last Name)  Nori
3. Date  08-July-2016
4. Are you the corresponding author?  Yes  ☑ No
5. Manuscript Title
Comparison of anterior and posterior surgery for degenerative cervical myelopathy – A MRI-based propensity score matched analysis using data from the prospective multicenter AOSpine CSM North America and International studies
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