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.

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2. The work under consideration for publication.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   Tyler

2. Surname (Last Name)  
   Cole

3. Date  
   20-January-2014

4. Are you the corresponding author?  
   ✔ No

   Corresponding Author’s Name  
   John Ratliff

5. Manuscript Title  
   The use of bone morphogenetic protein in cervical spine procedures: Analysis of the MarketScan longitudinal database

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-13-01016R2

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Are there any relevant conflicts of interest?  
   ✔ No

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Dr. Cole has nothing to disclose.

**Evaluation and Feedback**

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## Section 1. Identifying Information

1. Given Name (First Name)  
Anand
2. Surname (Last Name)  
Veeravagu
3. Date  
20-January-2014
4. Are you the corresponding author?  
☑️ No
5. Manuscript Title  
The use of bone morphogenetic protein in cervical spine procedures: Analysis of the MarketScan longitudinal database
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Dr. Veeravagu has nothing to disclose.

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1. Given Name (First Name)  
   John
2. Surname (Last Name)  
   Ratliff
3. Date  
   20-January-2014
4. Are you the corresponding author?  
   ✔ Yes  
   No
5. Manuscript Title  
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1. Given Name (First Name)  
   Bowen

2. Surname (Last Name)  
   Jiang

3. Date  
   20-January-2014

4. Are you the corresponding author?  
   □ Yes  ✔ No  
   Corresponding Author’s Name  
   John Ratliff

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