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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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

Cahill
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Patrick

2. Surname (Last Name)  
   Cahill

3. Date  
   11-November-2015

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

   Corresponding Author’s Name  
   Amer F. Samdani

5. Manuscript Title  
   Significant Intraoperative Neuromonitoring Alerts in Patients Undergoing Fusion for Adolescent Idiopathic Scoliosis: What Are the Outcomes of 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

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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<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>Grant from DePuy Synthes Spine to the Setting Scoliosis Straight Foundation in support of the Harms Study Group’s research</td>
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</tbody>
</table>

Section 3. Relevant financial activities outside the submitted work.

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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   ☑ Yes  ☐ No

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<th>Non-Financial Support?</th>
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<td>☐</td>
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<td>Other financial or material support</td>
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<td>✔</td>
<td></td>
<td></td>
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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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✔ Yes, the following relationships/conditions/circumstances are present (explain below):

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

- AAOS: Board or committee member
- Journal of Bone and Joint Surgery - American: Editorial or governing board
- Pediatric Orthopaedic Society of North America: Board or committee member
- Scoliosis Research Society: Board or committee member
- Spine Deformity: Editorial or governing board

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Giuseppe

2. Surname (Last Name)  
   Orlando

3. Date  
   11-November-2015

4. Are you the corresponding author?  
   Yes  ✔  No

   Corresponding Author’s Name  
   Amer F. Samdani

5. Manuscript Title  
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<td>Research grant from DePuy Synthes Spine to the Setting Scoliosis Straight Foundation for the Harms Study Group</td>
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### Section 1. Identifying Information

1. **Given Name (First Name)**
   Baron

2. **Surname (Last Name)**
   Lonner

3. **Date**
   11-November-2015

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

5. **Manuscript Title**
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- ![Yes](false)  ![No](true)
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
   Jahangir

2. Surname (Last Name)
   Asghar

3. Date
   22-March-2016

4. Are you the corresponding author?  
   Yes ☑ No
   Corresponding Author’s Name
   Amer F. Samdani

5. Manuscript Title
   Significant Intraoperative Neuromonitoring Alerts in Patients Undergoing Fusion for Adolescent Idiopathic Scoliosis: What are the Outcomes of Surgery?

6. Manuscript Identifying Number (if you know it)
   JBJS-D-15-01379R1

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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<td>Research support from DePuy Synthes Spine to the Setting Scoliosis Straight Foundation for the Harms Study Group</td>
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Section 3. Relevant financial activities outside the submitted work.

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.

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
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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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. Asghar reports grants from DePuy Synthes Spine, during the conduct of the study; personal fees from DePuy Synthes Spine, outside the submitted work; .

Evaluation and Feedback

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. **Given Name (First Name)**
   - Robert
2. **Surname (Last Name)**
   - Ames
3. **Date**
   - 24-November-2015
4. **Are you the corresponding author?**
   - Yes
5. **Manuscript Title**
   - Significant Intraoperative Neuromonitoring Alerts in Patients Undergoing Fusion for Adolescent Idiopathic Scoliosis: What Are the Outcomes of Surgery?
6. **Manuscript Identifying Number (if you know it)**

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)
   - James
2. Surname (Last Name)
   - Bennett
3. Date
   - 10-November-2015
4. Are you the corresponding author?  
   - ✔ No
   - Corresponding Author’s Name
   - Amer F. Samdani

5. Manuscript Title
   - Significant Intraoperative Neuromonitoring Alerts in Patients Undergoing Fusion for Adolescent Idiopathic Scoliosis: What Are the Outcomes of Surgery?
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Dr. Bennett has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Randal

2. Surname (Last Name)  
   Betz

3. Date  
   17-November-2015

4. Are you the corresponding author?  
   Yes   ✔   No

   Corresponding Author’s Name  
   Amer F. Samdani

5. Manuscript Title  
   Significant Intraoperative Neuromonitoring Alerts in Patients Undergoing Fusion for Adolescent Idiopathic Scoliosis: What Are the Outcomes of Surgery?

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   ✔ Yes   ☐ No

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1. Given Name (First Name) Ronald A.
2. Surname (Last Name) Lehman, Jr.
3. Date 24-November-2015
4. Are you the corresponding author? Yes ☑ No
5. Manuscript Title Significant Intraoperative Neuromonitoring Alerts in Patients Undergoing Fusion for Adolescent Idiopathic Scoliosis: What Are the Outcomes of Surgery?
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Section 3. Relevant financial activities outside the submitted work.

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.
Are there any relevant conflicts of interest? Yes ☑ No
If yes, please fill out the appropriate information below.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

### Intellectual Property -- Patents & Copyrights

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

### 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?

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### Disclosure Statement

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Dr. Lehman, Jr. reports personal fees from Lippincott Williams & Wilkins, personal fees from Medtronic, personal fees from Stryker, personal fees from DePuy Synthes Spine, grants from PRORP (Department of Defense Peer Reviewed Orthopaedic Research Program), grants from DMRDP (Defense Medical Research and Development Program), outside the submitted work.
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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

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

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

3. **Date**
   - 18-November-2015

4. **Are you the corresponding author?**
   - Yes

5. **Manuscript Title**
   - Significant Intraoperative Neuromonitoring Alerts in Patients Undergoing Fusion for Adolescent Idiopathic Scoliosis: What Are the Outcomes of Surgery?

6. **Manuscript Identifying Number (if you know it)**

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- Yes
- No

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<td>☐</td>
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<td>☐</td>
<td>Comments: Payment for development of educational presentations</td>
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  ☐ Yes  ✔ No

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

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**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
### Section 1. Identifying Information

1. Given Name (First Name)  
   Peter

2. Surname (Last Name)  
   Newton

3. Date  
   18-November-2015

4. Are you the corresponding author?  
   Yes ✔ No

   Corresponding Author’s Name  
   Amer F. Samdani, MD

5. Manuscript Title  
   Significant Intraoperative Neuromonitoring Alerts in Patients Undergoing Fusion for Adolescent Idiopathic Scoliosis: What Are the Outcomes of 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

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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<td>Research grant from DePuy Synthes Spine to SSSF in support of Harms Study Group research</td>
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<td>Consultancy, Royalties</td>
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1. Given Name (First Name)  
   Joshua  
2. Surname (Last Name)  
   Pahys  
3. Date  
   17-November-2015  
4. Are you the corresponding author?  
   ☑ Yes  
   ☐ No  
5. Manuscript Title  
   Significant Intraoperative Neuromonitoring Alerts in Patients Undergoing Fusion for Adolescent Idiopathic Scoliosis: What Are the Outcomes of Surgery?  
6. Manuscript Identifying Number (if you know it)  

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   ☐ No  

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 1. Identifying Information

1. **Given Name (First Name)**
   Amer

2. **Surname (Last Name)**
   Samdani

3. **Date**
   17-November-2015

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

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1. Given Name (First Name)  
   Burt

2. Surname (Last Name)  
   Yaszay

3. Date  
   13-November-2015

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

   Corresponding Author’s Name  
   Amer F. Samdani

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