ICMJE Form for Disclosure of Potential Conflicts of Interest

**Instructions**

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- **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)  
   Adam

2. Surname (Last Name)  
   Pearson

3. Date  
   14-April-2015

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   C2 Fractures in the Medicare Population: Incidence, Outcomes, and Costs

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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   No

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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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Section 6. Disclosure Statement

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Dr. Pearson reports grants from Cervical Spine Research Society, during the conduct of the study; personal fees from Spine Journal, 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) 
Brook

2. Surname (Last Name) 
Martin

3. Date 
05-March-2015

4. Are you the corresponding author? 
☐ Yes  ☑ No 
Corresponding Author’s Name 
Adam M. Pearson, MD, MS

5. Manuscript Title 
C2 Fractures in the Medicare Population: Incidence, Outcomes, and Costs

6. Manuscript Identifying Number (if you know it)

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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>
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<tr>
<td>Federal grants from NIH and AHRQ</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td>Dr. Martin Receives salary support for work on Federal grants related to spine surgery, paid directly to institution.</td>
</tr>
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<td>Washington State Department of Labor &amp; Industries</td>
<td>☐</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
<td>Dr. Martin is paid as an independent contractor to perform statistical analysis for spine-surgery related research.</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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Dr. Martin reports grants from Cervical Spine Research Society, during the conduct of the study; grants from Federal agencies of the NIH and AHRQ, and personal fees from Washington State Department of Labor & Industries, outside the submitted work.
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Section 1. Identifying Information

1. Given Name (First Name)  
   Matthew

2. Surname (Last Name)  
   Lindsey

3. Date  
   12-March-2015

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

   Corresponding Author’s Name  
   Adam M. Pearson, MD, MS

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

1. Given Name (First Name)  
   Sohail

2. Surname (Last Name)  
   Mirza

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   ✔ Yes  
   ☐ No

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