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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Harry

2. Surname (Last Name)  
   Dietz

3. Date  
   16-April-2014

4. Are you the corresponding author?  
   [ ] Yes  ✔ No  
   Corresponding Author’s Name  
   Paul Sponseller

5. Manuscript Title  
   High Incidence of Cervical Deformity and Instability Requires Surveillance in Loeys-Dietz Syndrome

6. Manuscript Identifying Number (if you know it)

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Dr. Dietz reports grants from NIH/HHMI/NMF, during the conduct of the study;

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Section 1. Identifying Information

1. Given Name (First Name)  
   Sara

2. Surname (Last Name)  
   Fuhrhop

3. Date  
   17-April-2014

4. Are you the corresponding author?  
   □ Yes  ✔ No
   Corresponding Author’s Name  
   Paul D. Sponseller

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)

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<td>4. Are you the corresponding author?</td>
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<td>Corresponding Author's Name</td>
<td>Paul D. Sponseller, MD</td>
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1. Given Name (First Name)  
Mark

2. Surname (Last Name)  
McElroy

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16-April-2014

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✔ Yes  
No

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Section 1. Identifying Information

1. Given Name (First Name)
   paul

2. Surname (Last Name)
   sponseller

3. Date
   25-April-2014

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

5. Manuscript Title
   high incidence of cervical deformity and instability requires surveillance in LDS

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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.

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

If yes, please fill out the appropriate information below.

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
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<td>✔</td>
<td>☐</td>
<td>☐</td>
<td>Research support, Royalties</td>
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</tbody>
</table>

Section 4. Intellectual Property -- Patents & Copyrights

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

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):

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

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

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. sponser reports grants from NIH/HHMI/NMF, during the conduct of the study; grants and personal fees from DePuy Synthes Spine, personal fees from Globus, personal fees from Oakstone Medical Publishing, outside the submitted work.

Evaluation and Feedback

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