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”.

3. **Relevant financial activities outside the submitted work.**

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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.**

   Use this section to report 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.

**Definitions.**

- **Entity:** government agency, foundation, commercial sponsor, academic institution, etc.
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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
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Jae Chul

2. Surname (Last Name)  
   Lee

3. Date

4. Are you the corresponding author?  
   ☑ No

Corresponding Author's Name  
K. Daniel Riew

5. Manuscript Title
Risk Factor Analysis for Adjacent Segment Pathology Requiring Surgery in 1358 Anterior, Posterior, Fusion and Non-fusion Cervical Spine Operations - Survivorship Analysis of 1358 patients -

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  
☑ No

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?  
☑ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
☑ 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?

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Section 6. Disclosure Statement

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Evaluation and Feedback

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

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**Royalties:** Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Sang-Hun
2. Surname (Last Name) Lee
3. Date 06-November-2013
4. Are you the corresponding author? Yes ✔ No
5. Manuscript Title
Risk Factor Analysis for Adjacent Segment Pathology Requiring Surgery in 1358 Anterior, Posterior, Fusion and Non-fusion Cervical Spine Operations - Survivorship Analysis of 1358 patients -
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

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>
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<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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</thead>
<tbody>
<tr>
<td>Medtronic</td>
<td></td>
<td></td>
<td></td>
<td>✔</td>
<td>Honorarium for lectures &lt; 2,000$ per year</td>
</tr>
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</table>

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

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Dr. Lee reports other from Medtronic, outside the submitted work. .

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Section 1. Identifying Information

1. Given Name (First Name)  
   Colleen

2. Surname (Last Name)  
   Peters

3. Date  
   04-November-2013

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

   Corresponding Author’s Name  
   K. Daniel Riew

5. Manuscript Title  
   Risk Factor Analysis for Adjacent Segment Pathology Requiring Surgery in 1358 Anterior, Posterior, Fusion and Non-fusion Cervical Spine Operations  
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Dr. Peters has nothing to disclose.

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1. Identifying information.
   Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

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1. Given Name (First Name)  
K. Daniel  
2. Surname (Last Name)  
Riew  
3. Effective Date (07-August-2008)  
06-November-2013  
4. Are you the corresponding author?  
✔ Yes ☐ No  
5. Manuscript Title  
Risk Factor Analysis for Adjacent Segment Pathology Requiring Surgery in 1358 Anterior, Posterior, Fusion, and Non-Fusion Cervical Spine Operations - Survivorship Analysis of 1358 Patients  
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<table>
<thead>
<tr>
<th>Type</th>
<th>No</th>
<th>Money Paid to You</th>
<th>Money to Your Institution*</th>
<th>Name of Entity</th>
<th>Comments**</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Grant</td>
<td>✔</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>2. Consulting fee or honorarium</td>
<td>✔</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td>X</td>
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<tr>
<td>3. Support for travel to meetings for the study or other purposes</td>
<td>✔</td>
<td>☐</td>
<td>☐</td>
<td></td>
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<tr>
<td>4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</td>
<td>✔</td>
<td>☐</td>
<td>☐</td>
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<td>ADD</td>
</tr>
<tr>
<td>5. Payment for writing or reviewing the manuscript</td>
<td>✔</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>6. Provision of writing assistance, medicines, equipment, or administrative support</td>
<td>✔</td>
<td>☐</td>
<td>☐</td>
<td></td>
<td>X</td>
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<tr>
<td>7. Other</td>
<td>✔</td>
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<td>☐</td>
<td></td>
<td></td>
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</tbody>
</table>

* This means money that your institution received for your efforts on this study.

** Use this section to provide any needed explanation.

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<td>☐</td>
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<tr>
<td>2. Consultancy</td>
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<td>3. Employment</td>
<td>✔</td>
<td>☐</td>
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<td>4. Expert testimony</td>
<td>☐</td>
<td>✔</td>
<td>☐</td>
<td>Siegel Barnett &amp; Schutz LLP; Pennington Moor Wildinson Bell &amp; Dunbar PA; Stearns Weaver Miller Weissler Alhadeff &amp; Sitterson PA; Walsh Knippen Knight &amp; Pollock; DeFranco &amp; Bradley PC; Farmer Cline &amp; Campbell;</td>
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</tr>
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</table>

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**Riew**

**3**
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<th>Entity</th>
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<td>7. Payment for manuscript preparation</td>
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<tr>
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<tr>
<td>12. Travel/accommodations/meeting expenses unrelated to activities listed**</td>
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</table>
ICMJE Form for Disclosure of Potential Conflicts of Interest

13. Other (err on the side of full disclosure)

* This means money that your institution received for your efforts.
** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.

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Section 4. Other relationships

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?

- [x] No other relationships/conditions/circumstances that present a potential conflict of interest
- [ ] Yes, the following relationships/conditions/circumstances are present (explain below):

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.

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