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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Jeffrey  
2. Surname (Last Name)  
   Badura  
3. Date  
   22-June-2015  
4. Are you the corresponding author?  
   Yes ✔ No  
   Corresponding Author’s Name  
   Hyun Bae  
5. Manuscript Title  
   Transient local bone remodelling effects of rhBMP-2 in Ovine interbody spine fusion model  
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></td>
<td>☐</td>
<td>☐</td>
<td>✔</td>
<td>Study Sponsor, Employee of Medtronic, Inc.</td>
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</table>

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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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Mr. Badura reports personal fees and other from Medtronic, Inc., during the conduct of the study; personal fees and other from Medtronic, Inc., 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) Hyun
2. Surname (Last Name) Bae
3. Date 20-January-2016
4. Are you the corresponding author? ✔ Yes  No
5. Manuscript Title Transient local bone remodelling effects of rhBMP-2 in Ovine interbody spine fusion model
6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Bae has nothing to disclose.

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**Identifying Information**

1. Given Name (First Name)  
Ben Bhupendra

2. Surname (Last Name)  
Pradhan, MD MSE

3. Date  
09-February-2016

4. Are you the corresponding author?  
No

5. Manuscript Title  
Transient Local Bone Remodeling Effects of rhBMP-2 in the Ovine Interbody Spine Fusion Model

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  
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Dr. Pradhan, MD MSE has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Vikas

2. Surname (Last Name)  
   Patel

3. Date  
   29-June-2015

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

   Corresponding Author’s Name  
   Hyun Bae

5. Manuscript Title  
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Are there any relevant conflicts of interest?  
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<td>Research grants for other research projects outside the scope of this manuscript.</td>
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Sardar
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<td>Sardar</td>
<td>07-June-2016</td>
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</table>

4. Are you the corresponding author?  
- [ ] Yes  
- [x] No  

**Corresponding Author’s Name**

Hyun Bae

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Dr. Sardar has nothing to disclose.

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Seim 1
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1. Given Name (First Name)  Howard
2. Surname (Last Name)  Seim

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3. Date  29-June-2015

5. Manuscript Title  
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## Section 1. Identifying Information

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<tr>
<td>2. Surname (Last Name)</td>
<td>Toth</td>
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<td>3. Date</td>
<td>14-May-2015</td>
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<td>4. Are you the corresponding author?</td>
<td>Yes ✔ No</td>
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<tr>
<td>Corresponding Author's Name</td>
<td>Hyun Bae</td>
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<td>5. Manuscript Title</td>
<td>Transient Local Bone Remodeling Effects of rhBMP-2 in the Ovine Interbody Spine Fusion Model.</td>
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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.)?

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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>Medtronic</td>
<td>✔</td>
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<td></td>
<td>My employer, The Medical College of Wisconsin, Inc. received institutional support from Medtronic to conduct some of the analyses described in the manuscript.</td>
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Are there any relevant conflicts of interest? ✔ Yes No

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<th>Name of Entity</th>
<th>Grant?</th>
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<th>Non-Financial Support?</th>
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</table>

I served as a scientific consultant to Medtronic. Although I did not receive any fees related to the submitted manuscript.

My employer, The Medical College of Wisconsin, Inc. received institutional support from Medtronic to conduct other research studies which were not the subject of the submitted manuscript.

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Dr. Toth reports grants from Medtronic, during the conduct of the study; personal fees from Medtronic, grants from Medtronic, grants from Cytophil/ CaP Biomaterials, grants from Titan Spine, LLC, outside the submitted work; .

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2. Surname (Last Name)  
   Turner

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   29-June-2015

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   Corresponding Author’s Name  
   Hyun Bae

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