ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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) Todd

2. Surname (Last Name) Chapman Jr

3. Date 27-April-2017

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

Corresponding Author’s Name

Michael P. Kelly

5. Manuscript Title

Clinical and Radiographic Outcomes after Posterior Vertebral Column Resection with Five-Year Follow-Up

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>
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<tr>
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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
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. Chapman Jr reports personal fees from Medicrea, USA, outside the submitted work.

Evaluation and Feedback

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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)  
   Kathy

2. Surname (Last Name)  
   Blanke

3. Date  
   24-April-2017

4. Are you the corresponding author?  
   Yes  ✔  No

   Corresponding Author’s Name  
   Michael P. Kelly

5. Manuscript Title  
   Clinical and Radiographic Outcomes after Posterior Vertebral Column Resection for Severe Spinal Deformity with Five-Year Follow-Up

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  
   Yes  ✔  No

Section 3. Relevant financial activities outside the submitted work.

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Kathy Blanke has nothing to disclose.

**Evaluation and Feedback**

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Kelly

1
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Michael
2. Surname (Last Name)  Kelly
3. Date  20-April-2017
4. Are you the corresponding author?  Yes  No

5. Manuscript Title  Clinical and Radiographic Outcomes after Posterior Vertebral Column Resection with Five-Year Follow-Up

6. Manuscript Identifying Number (if you know it)  

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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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Dr. Kelly reports grants from AO Spine, grants from Cervical Spine Research Society, grants from Orthopedic Research Education Foundation, grants from Barnes Jewish Foundation, grants from Fox Family Foundation, grants from PCORI, grants from Cerapedics, outside the submitted work;.

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Lenke
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Lawrence
2. Surname (Last Name) Lenke
3. Date 24-April-2017
4. Are you the corresponding author? ☐ Yes ☑ No
   Corresponding Author’s Name Michael P. Kelly
5. Manuscript Title
   Clinical and Radiographic Outcomes after Posterior Vertebral Column Resection for Severe Spinal Deformity with Five-Year Follow-Up
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Dr. Lenke reports personal fees from Medtronic, grants and personal fees from DePuy-Synthes Spine, personal fees from K2M, non-financial support from Broadwater, non-financial support from Seattle Science Foundation, grants and non-financial support from Scoliosis Research Society, non-financial support from Stryker Spine, non-financial support from The Spinal Research Foundation, grants from EOS, grants from Setting Scoliosis Straight Foundation, personal fees from Fox Rothschild, LLC, personal fees from Quality Medical Publishing, other from Evans Family Donation, other from Fox Family Foundation, grants and non-financial support from AOSpine, outside the submitted work.

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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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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.
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
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1. Given Name (First Name)  Max
2. Surname (Last Name)  Riley
3. Date  20-April-2017
4. Are you the corresponding author?  Yes  No

Corresponding Author’s Name  Michael P. Kelly

5. Manuscript Title
Clinical and Radiographic Outcomes after Posterior Vertebral Column Resection with Five-Year Follow-Up

6. Manuscript Identifying Number (if you know it)

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Mr. Riley has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Brenda

2. Surname (Last Name)  
   Sides

3. Date  
   20-April-2017

4. Are you the corresponding author?  
   Yes  
   No  
   ✔

   Corresponding Author’s Name  
   Michael P. Kelly

5. Manuscript Title  
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Are there any relevant conflicts of interest?  
   Yes  
   No  
   ✔

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

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