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.

3. Relevant financial activities outside the submitted work.


5. Relationships not covered above.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.
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Other: Anything not covered under the previous three boxes
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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)  
Amit

2. Surname (Last Name)  
Jain

3. Date  
21-December-2016

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

Corresponding Author’s Name  
Samrat Yeramaneni, MBBS, PhD

5. Manuscript Title  
Impact of Readmissions in Episodic Care of Adult Spinal Deformity: Event-based Cost Analysis of 695 Consecutive Cases

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

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

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 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

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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. Jain has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information
1. Given Name (First Name) Eric
2. Surname (Last Name) Klineberg
3. Date 16-December-2016
4. Are you the corresponding author? ☐ Yes ☑ No
Corresponding Author’s Name Samrat Yeramaneni, MBBS, PhD
5. Manuscript Title
Impact of Readmissions in Episodic Care of Adult Spinal Deformity: Event-based Cost Analysis of 695 Consecutive Cases
6. Manuscript Identifying Number (if you know it)

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

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<th>Name of Entity</th>
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Dr. Klineberg reports personal fees from Depuy Synthes, personal fees from Styker, personal fees from K2M, grants and personal fees from AOSpine, 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)  
   Jeffrey

2. Surname (Last Name)  
   Gum

3. Date  
   01-May-2017

4. Are you the corresponding author?  
   Yes  ✔ No

   Corresponding Author’s Name  
   Samrat Yeramaneni, MBBS, PhD

5. Manuscript Title  
   Impact of re-admissions in episodic care of adult spinal deformity: Event-based cost analysis of 695 consecutive cases.

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-16-01589R1

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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

### Section 5. Relationships not covered above

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Section 1. Identifying Information

1. Given Name (First Name) Justin
2. Surname (Last Name) Smith
3. Date 17-December-2016
4. Are you the corresponding author? [ ] Yes [ ✔ ] No
5. Manuscript Title
Impact of Readmissions in Episodic Care of Adult Spinal Deformity: Event-based Cost Analysis of 695 Consecutive Cases

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ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
   LEAH

2. Surname (Last Name)  
   CARREON

3. Date  
   21-April-2017

4. Are you the corresponding author?  
   ✔ Yes  
   No

   Corresponding Author’s Name  
   Samrat Yeramaneni, MBBS, PhD

5. Manuscript Title  
   Impact of Readmissions in Episodic Care of Adult Spinal Deformity: Event-based Cost Analysis of 695 Consecutive Cases

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-16-01589R1

### 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

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   ✔ Yes  
   No

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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

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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. CARREON reports other from Spine, other from Spine Journal, other from University of Louisville, other from Scoliosis Research Society, personal fees from Washington University, personal fees from AO Spine, personal fees from Norton Healthcare, grants from Orthopedic Research and Educational Fund, grants from Scoliosis Research Society, grants from Norton Healthcare James R. Petersdorf, personal fees from University of Louisville, personal fees from Association for Collaborative Spine Research, personal fees from Center for Spine Surgery and Research, Region of Southern Denmark, other from Nuvasive, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)  
   RICHARD

2. Surname (Last Name)  
   HOSTIN

3. Date  
   19-December-2016

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

   Corresponding Author’s Name  
   Samrat Yeramaneni, MBBS, PhD

5. Manuscript Title  
   Impact of Readmissions in Episodic Care of Adult Spinal Deformity: Event-based Cost Analysis of 695 Consecutive Cases

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   Yes ☐  No ☑

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Section 1. Identifying Information

1. Given Name (First Name) Samrat
2. Surname (Last Name) Yeramaneni
3. Date 16-December-2016
4. Are you the corresponding author? ✔ Yes ☐ No

5. Manuscript Title
Impact of Readmissions in Episodic Care of Adult Spinal Deformity: Event-based Cost Analysis of 695 Consecutive Cases

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Dr. Yeramaneni has nothing to disclose.

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