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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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)  Kenneth
2. Surname (Last Name)  Cheung
3. Date  09-March-2017
4. Are you the corresponding author?  No
   Corresponding Author’s Name  Lawrence G. Lenke
5. Manuscript Title
   Lower Extremity Motor Function Following Complex Adult Spinal Deformity Surgery: 2 Year Follow-up of the Scoli-RISK-1 Prospective, Multicenter, International Study
6. Manuscript Identifying Number (if you know it)  N/A

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  No

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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
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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):
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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. Cheung has nothing to disclose.

Evaluation and Feedback

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Benny

2. Surname (Last Name)  
   Dahl

3. Date  
   23-March-2017

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

   Corresponding Author’s Name  
   Lawrence G. Lenke

5. Manuscript Title  
   Lower Extremity Motor Function Following Complex Adult Spinal Deformity Surgery: 2 Year Follow-up of the Scoli-RISK-1 Prospective, Multicenter, International Study

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   N/A

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

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

If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
<th>Grant?</th>
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Dr. Dahl reports grants from Globus Medical, grants from Medtronic, grants from K2M, outside the submitted work.

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Fehlings
Section 1. Identifying Information

1. Given Name (First Name)  
   Michael

2. Surname (Last Name)  
   Fehlings

3. Date  
   28-February-2017

4. Are you the corresponding author?  
   ☑ No

   Corresponding Author’s Name  
   Lawrence G. Lenke

5. Manuscript Title  
   Lower Extremity Motor Function Following Complex Adult Spinal Deformity Surgery: 2 Year Follow-up of the Scoli-RISK-1 Prospective, Multicenter, International Study

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Dr. Fehlings reports other from Pfizer, other from Zimmer Biomet, other from InVivo Therapeutics, outside the submitted work.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Lawrence

2. Surname (Last Name)  
   Lenke

3. Date  
   28-February-2017

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   ✔ Yes  
   No

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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

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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)  
   Christopher

2. Surname (Last Name)  
   Shaffrey

3. Date  
   28-February-2017

4. Are you the corresponding author?  
   No

5. Manuscript Title  
   Lower Extremity Motor Function Following Complex Adult Spinal Deformity Surgery: 2 Year Follow-up of the Scoli-RISK-1 Prospective, Multicenter, International Study

6. Manuscript Identifying Number (if you know it)  
   N/A

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Are there any relevant conflicts of interest?  
   Yes

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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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

If yes, please fill out the appropriate information below.

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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
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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**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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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-August-2017

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

Corresponding Author’s Name  
Dr. Lawrence Lenke

5. Manuscript Title  
Lower Extremity Motor Function Following Complex Adult Spinal Deformity Surgery: 2 Year

6. Manuscript Identifying Number (if you know it)

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