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.

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## Section 1. Identifying Information

1. Given Name (First Name)  
   Andre

2. Surname (Last Name)  
   Jakoi

3. Date  
   10-June-2019

4. Are you the corresponding author?  
   No

Corresponding Author’s Name  
Martin Pham

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
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Dr. Jakoi reports personal fees from Medicrea, outside the submitted work; .

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1. Given Name (First Name)  
   Lawrence

2. Surname (Last Name)  
   Lenke

3. Date  
   10-June-2019

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

   Corresponding Author’s Name  
   Martin Pham

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<td>☑</td>
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<td>☐</td>
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<td>1) philanthropic research funding from grateful patient/family</td>
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<tr>
<td>Fox Family Foundation</td>
<td>☐</td>
<td>☐</td>
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<td>☑</td>
<td>1) philanthropic research funding from grateful patient</td>
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<tr>
<td>AOSpine</td>
<td>✔</td>
<td>☐</td>
<td>✓</td>
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Section 1. Identifying Information

1. Given Name (First Name)  
   Martin

2. Surname (Last Name)  
   Pham

3. Date  
   10-June-2019

4. Are you the corresponding author?  
   Yes ✔  No

5. Manuscript Title  
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<td>Wali</td>
<td>10-June-2019</td>
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Corresponding Author’s Name

Martin Pham

5. Manuscript Title

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