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)  
   Paul

2. Surname (Last Name)  
   Sponseller

3. Date  
   04-July-2019

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Deep Infections after Pediatric Spinal Arthrodesis

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?  
   ✔ 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>
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Dr. Sponseller reports grants and personal fees from Depuy Synthes Spine, personal fees from Globus, personal fees from Orthopediatrics, personal fees from JBJS, 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)  
   Brian

2. Surname (Last Name)  
   Sullivan

3. Date  
   10-July-2019

4. Are you the corresponding author?  
   ☑ No

   Corresponding Author’s Name  
   Sponseller

5. Manuscript Title  
   Deep Infections After Pediatric Spinal Arthrodesis: Differences Exist by Idiopathic, Neuromuscular, or Genetic/Syndromic Cause of Deformity

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Dr. Sullivan has nothing to disclose.

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<tr>
<td>Matthew</td>
<td>Hadad</td>
<td>02-July-2019</td>
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4. Are you the corresponding author? [ ] Yes [X] No

Corresponding Author’s Name
Paul Sponseller

5. Manuscript Title
Deep Infections After Pediatric Spinal Arthrodesis: Differences Exist by Idiopathic, Neuromuscular, or Genetic/Syndromic Cause of Deformity

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Dr. Hadad has nothing to disclose.

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<td>Puvanesarajah</td>
<td>10-July-2019</td>
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4. Are you the corresponding author?  
   - Yes
   - No  ✔

5. Manuscript Title
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Dr. Puvanesarajah has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Aaron

2. Surname (Last Name)  
   Milstone

3. Date  
   02-July-2019

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

   Corresponding Author’s Name  
   Paul Sponseller

5. Manuscript Title  
   Deep Infections After Pediatric Spinal Arthrodesis: Differences Exist by Idiopathic, Neuromuscular, or Genetic/Syndromic Cause of Deformity

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Dr. Milstone reports personal fees from BD, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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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   Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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Definitions.

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Grant: A grant from an entity, generally [but not always] paid to your organization
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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)  
   Amit

2. Surname (Last Name)  
   Jain

3. Date  
   09-July-2019

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

Corresponding Author’s Name  
Paul Sponseller

5. Manuscript Title  
Deep Infections After Pediatric Spinal Arthrodesis: Differences Exist by Idiopathic, Neuromuscular, or Genetic/Syndromic Cause of Deformity

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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## Section 1. Identifying Information

1. **Given Name (First Name)**  
   Oussama  
2. **Surname (Last Name)**  
   Abousamra  
3. **Date**  
   10-July-2019  
4. **Are you the corresponding author?**  
   - [ ] Yes  
   - [x] No  
   **Corresponding Author’s Name**  
   Paul D. Sponseller, MD  

## 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  
- [x] 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**.  

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- [x] No  

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- [ ] Yes  
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