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.**

   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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4. **Intellectual Property.**

   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. **Relationships not covered above.**

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- **Entity:** government agency, foundation, commercial sponsor, academic institution, etc.
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### Section 1. Identifying Information

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<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<td>Miller</td>
<td>25-August-2015</td>
</tr>
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4. Are you the corresponding author?  
   - Yes
   - No ✔

5. Manuscript Title  
   C1 Lateral Mass Screw Causing a Delayed Unilateral Hypoglossal Nerve Lesion

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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   - 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 1. Identifying Information

1. Given Name (First Name) Barrett
2. Surname (Last Name) Woods
3. Date 25-August-2015

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

Corresponding Author’s Name
Douglas Hollern MD

5. Manuscript Title
C1 Lateral Mass Screw Causing a Delayed Unilateral Hypoglossal Nerve Lesion

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Section 1.
Identifying Information

1. Given Name (First Name)  Alexander
2. Surname (Last Name)  Vaccaro, MD, PhD
3. Date  17-August-2015
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Douglas Hollern MD
5. Manuscript Title  C1 Lateral Mass Screw Causing a Delayed Unilateral Hypoglossal Nerve Lesion
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Dr. Vaccaro, MD, PhD reports personal fees and other from Innovative Surgical Design, personal fees from Association of Collaborative Spine Research, personal fees and other from Spinicity, personal fees and other from Progressive Spinal Technologies, personal fees and other from Computational Biodynamics, personal fees from Advanced Spinal Intellectual Properties, personal fees and other from Location Based Intelligence, personal fees and other from R.S.I., personal fees and other from Rothman Institute and Related Properties, personal fees from Gerson Lehrman Group, personal fees from Guidepoint Global, personal fees from Medacorp, personal fees and other from Globus, personal fees from Stryker, personal fees from Medtronic, personal fees from Orthobullets, personal fees from Ellipse, personal fees from Depuy, grants from Cerapedics, grants from AO Spine, personal fees from Biomet Spine, personal fees from Aesculap, personal fees from Elsevier, personal fees from Thieme, personal fees from Jaypee, personal fees from Taylor and Francis, other from Advanced Spinal Intellectual Properties, other from Stout Medical, other from Paradigm Spine, other from Replication Medica, other from Spinology, other from Spine Medica, other from Small Bone Technologies, other from Crosscurrent, other from Syndicom, other from In Vivo, other from Flagship Surgical, other from Gamma Spine, other from Cytonics, other from Bonovo Orthopaedics, other from Electrocore, other from Flowpharma, outside the submitted work.

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4. **Intellectual Property.**

   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. **Relationships not covered above.**

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Douglas

2. Surname (Last Name)  
Hollern

3. Date  
25-August-2015

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

5. Manuscript Title  
C1 Lateral Mass Screw Causing a Delayed Unilateral Hypoglossal Nerve Lesion

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.

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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 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.
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.

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”.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Joshua

2. Surname (Last Name)  
   Heller

3. Date  
   25-August-2015

4. Are you the corresponding author?  
   [ ] Yes  
   [x] No  
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   Douglas Hollern MD

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[ ] No

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1. Given Name (First Name)  
   Karim

2. Surname (Last Name)  
   Shafi

3. Date  
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   ✔ No

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   Douglas Hollern MD

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