ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Section 1. Identifying Information

1. Given Name (First Name)  Bayard
2. Surname (Last Name)  Carlson
3. Date  13-April-2018
4. Are you the corresponding author?  Yes  ✔  No
5. Manuscript Title
   Postoperative Seroma in Posterior Cervical Fusions Using RhBMP-2: A Case Series
6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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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

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Dr. Carlson has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Nathan
2. Surname (Last Name)  Wanderman
3. Date  09-April-2018
4. Are you the corresponding author?  ☑ No
Corresponding Author’s Name  Brett Freedman

5. Manuscript Title
Postoperative Seroma in Posterior Cervical Fusions Using RhBMP-2: A Case Series

6. Manuscript Identifying Number (if you know it)

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Dr. Wanderman has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Daniel
2. Surname (Last Name) Kang
3. Date 09-April-2018
4. Are you the corresponding author? [ ] Yes [x] No
   Corresponding Author’s Name Brett Freedman, MD
5. Manuscript Title
   Postoperative Seroma in Posterior Cervical Fusions Using RhBMP-2: A Case Series
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Dr. Kang has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Nicholas
2. Surname (Last Name)  Drayer
3. Date  09-April-2018

4. Are you the corresponding author?  Yes ☑ No

Corresponding Author’s Name  Brett Freedman


6. Manuscript Identifying Number (if you know it)  

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<tr>
<td>Brett</td>
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<td>2. Surname (Last Name)</td>
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<tr>
<td>Freedman</td>
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<tr>
<td>3. Date</td>
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<td>03-April-2018</td>
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<td>4. Are you the corresponding author?</td>
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Dr. Freedman has nothing to disclose.

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

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### Section 1. Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tbody>
<tr>
<td>Marko</td>
<td>Tomov</td>
<td>09-April-2018</td>
</tr>
</tbody>
</table>

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

Corresponding Author’s Name  
Brett Freedman

5. Manuscript Title  
Postoperative Seroma in Posterior Cervical Fusions Using RhBMP-2: A Case Series

6. Manuscript Identifying Number (if you know it)

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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.)?

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- [x] No

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Dr. Tomov has nothing to disclose.

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1. Identifying information.

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1. Given Name (First Name)  
Jeremy

2. Surname (Last Name)  
Reifsnyder

3. Date  
10-April-2018

4. Are you the corresponding author?  
☑ No  
Corresponding Author’s Name  
Brett Freedman, MD

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   William

2. Surname (Last Name)  
   Robinson

3. Date  
   09-April-2018

4. Are you the corresponding author?  
   ☑ No  
   Corresponding Author’s Name  
   Brett A. Freedman MD

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