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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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)
   Steven

2. Surname (Last Name)
   Glassman

3. Date
   03-September-2015

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

5. Manuscript Title
   Transforaminal Lumbar Interbody Fusion Operative Technique

6. Manuscript Identifying Number (if you know it)
   ST-D-15-0003

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.

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   ☐ No

If yes, please fill out the appropriate information below.

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
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<td>✔</td>
<td>Employment</td>
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</table>

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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Past President of the Scoliosis Research Society

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Section 6. Disclosure Statement

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Dr. Glassman reports other from Medtronic, grants from Norton Healthcare, other from Norton Healthcare, outside the submitted work; and Past President of the Scoliosis Research Society.

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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)  
   Jeffrey

2. Surname (Last Name)  
   Gum

3. Date  
   16-March-2015

4. Are you the corresponding author?  
   Yes  No

5. Manuscript Title  
   Transforaminal Lumbar Interbody Fusion (TLIF) Operative Technique

6. Manuscript Identifying Number (if you know it)  
   ST-D-15-00003

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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Section 1. Identifying Information

1. Given Name (First Name)  Deepak
2. Surname (Last Name)  Reddy
3. Date  03-September-2015
4. Are you the corresponding author?  Yes  ✔ No

5. Manuscript Title  Transforaminal Lumbar Interbody Fusion Operative Technique
6. Manuscript Identifying Number (if you know it)  ST-D-15-0003

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Dr. Reddy has nothing to disclose.

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