

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) John	2. Surname (Last Name) DeVine	3. Date 03-April-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Matthew Griffith
5. Manuscript Title Harvesting Autogenous Cancellous Bone Graft from the Anterior Iliac Crest		
6. Manuscript Identifying Number (if you know it)		

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Dr. DeVine is a paid consultant for Spinal Elements, FacetLink, Ulrich Medical USA and a paid speaker for Globus Medical and Ulrich Medical USA. He is a board member for the AO Spine North America Education Committee

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1. Given Name (First Name) David	2. Surname (Last Name) Gloystein	3. Date 03-April-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Matthew Griffith
5. Manuscript Title Harvesting Autogenous Cancellous Bone Graft from the Anterior Iliac Crest		
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Dr. Gloystein has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Matthew

2. Surname (Last Name)
Griffith

3. Date
03-April-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Harvesting Autogenous Cancellous Bone Graft from the Anterior Iliac Crest

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1. Given Name (First Name)
Kenneth

2. Surname (Last Name)
Shaw

3. Date
03-April-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Matthew Griffit

5. Manuscript Title
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