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.

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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

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<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<tr>
<td>Keith</td>
<td>Bridwell</td>
<td>22-April-2019</td>
</tr>
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4. Are you the corresponding author?  Yes  No

5. Manuscript Title

Pedicle Subtraction Osteotomy

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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<tbody>
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<td>☐</td>
<td>Multicenter Study of Adult Symptomatic Lumbar Scoliosis - $2,042,694 over the course of 5 years (Washington University in St. Louis $1,389,381) (March 2018 to March 2023)</td>
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Corresponding Author’s Name

Munish Gupta, MD
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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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Dr. Bridwell reports grants from Scoliosis Research Society, 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)  Michael
2. Surname (Last Name)  Kelly
3. Date  22-April-2019
4. Are you the corresponding author?  Yes  ✔ No
5. Manuscript Title  Pedicle Subtraction Osteotomy
6. Manuscript Identifying Number (if you know it)

Corresponding Author's Name  Munish Gupta, MD

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Dr. Kelly reports grants from AOSpine, outside the submitted work;

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Section 1. Identifying Information

1. Given Name (First Name)  
Munish

2. Surname (Last Name)  
Gupta

3. Date  
22-April-2019

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

5. Manuscript Title  
Pedicle Subtraction Osteotomy

6. Manuscript Identifying Number (if you know it)

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Dr. Gupta reports personal fees and non-financial support from DePuy, personal fees from Medtronic, other from J&J, other from P&G, other from perForm Biologics, grants from AOSpine & OMeGA, non-financial support from Scoliosis Research Society, non-financial support from Alphatec, non-financial support from Mirus, non-financial support from Medicrea, personal fees from Innomed, outside the submitted work.
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Dr. Gupta has nothing to disclose.

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