ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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<tr>
<td>Evan</td>
<td>Baird</td>
<td>19-March-2014</td>
</tr>
</tbody>
</table>

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

5. Manuscript Title  
   Hemostatic Agents in Spine Surgery: A Critical Analysis Review

6. Manuscript Identifying Number (if you know it)

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Dr. Baird has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Young

2. Surname (Last Name)  
   Lu

3. Date  
   19-March-2014

4. Are you the corresponding author?  
   Yes  ✔  No

Corresponding Author’s Name  
Sheeraz A. Qureshi

5. Manuscript Title  
   Hemostatic Agents in Spine Surgery: A Critical Analysis Review

6. Manuscript Identifying Number (if you know it)

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Dr. Lu has nothing to disclose.

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<tr>
<td>Sheeraz</td>
<td>Qureshi</td>
<td>19-March-2014</td>
</tr>
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4. Are you the corresponding author?  
✔ Yes  
☐ No

5. Manuscript Title  
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1. Given Name (First Name)  
   Samuel  
2. Surname (Last Name)  
   Overley  
3. Date  
   19-March-2014  
4. Are you the corresponding author?  
   Yes  
   No  

   Corresponding Author’s Name  
   Sheeraz A. Qureshi  
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<td></td>
<td>No</td>
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