ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 1. Identifying Information

1. Given Name (First Name) Alex
2. Surname (Last Name) Vaccaro
3. Date 16-September-2014
4. Are you the corresponding author? Yes ☑ No
5. Manuscript Title
   Spine Surgery in an Ambulatory Surgery Center: What Can Be Done Safely?
6. Manuscript Identifying Number (if you know it)

   Corresponding Author’s Name
   Gregory Schroeder

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

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Are there any relevant conflicts of interest? Yes ☑ No

If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
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<th>Non-Financial Support?</th>
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<td>✔</td>
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<td>Board Member</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

### Section 5. Relationships not covered above

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1. Given Name (First Name)  
   Gregory

2. Surname (Last Name)  
   Schroeder

3. Date  
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   ✔ Yes  □ No

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Dr. Schroeder has nothing to disclose.

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   Kurd

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