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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<th>4. Are you the corresponding author?</th>
<th>5. Manuscript Title</th>
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<td>Nagoshi</td>
<td>24-March-2016</td>
<td>Yes [ ] No [✓]</td>
<td>Predicting Surgical Outcome Based on Features of Cervical Ossification of Posterior Longitudinal Ligament: Results of a Systematic Review</td>
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Corresponding Author’s Name: Michael G. Fehlings

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Dr. Nagoshi has nothing to disclose.

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Corresponding Author’s Name
Michael G. Fehlings

5. Manuscript Title
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1. Given Name (First Name)  
   Anoushka

2. Surname (Last Name)  
   Singh

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   23-March-2016

4. Are you the corresponding author?  
   [ ] Yes  
   [x] No  
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   Michael G. Fehlings

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<tr>
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<td>Nakashima</td>
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   - [ ] Yes  
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Section 1. Identifying Information

1. Given Name (First Name)  Michael
2. Surname (Last Name)  Fehlings
3. Date  23-March-2016
4. Are you the corresponding author?  Yes  No

5. Manuscript Title
Predicting Surgical Outcome Based on Features of Cervical Ossification of Posterior Longitudinal Ligament: Results of a Systematic Review
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

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Are there any relevant conflicts of interest?  Yes  No

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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Section 5. Relationships not covered above

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Dr. Fehlings has nothing to disclose.

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Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work’s sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

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)**  
   Michael

2. **Surname (Last Name)**  
   Kryshtalskyj

3. **Date**  
   23-March-2016

4. **Are you the corresponding author?**  
   Yes [ ]  No [ ]

   - **Corresponding Author’s Name**  
     Michael G. Fehlings

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Dr. Kryshtalskyj has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   So

2. Surname (Last Name)  
   Kato

3. Date  
   23-March-2016

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

Corresponding Author’s Name  
Michael G. Fehlings

5. Manuscript Title  
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