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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<tr>
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<th>6. Manuscript Identifying Number (if you know it)</th>
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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 | ✔ |

Cunningham

2
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Dr. Cunningham has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Frank
2. Surname (Last Name)  Schwab
3. Date  09-October-2017
4. Are you the corresponding author?  Yes  No
5. Manuscript Title
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.)?  Yes  No

Are there any relevant conflicts of interest?  Yes  No

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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

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1. Given Name (First Name) Virginie
2. Surname (Last Name) Lafage
3. Date 09-October-2017
4. Are you the corresponding author? ☑ Yes
5. Manuscript Title

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- [ ] Yes  
- [x] No

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Section 1. Identifying Information

1. Given Name (First Name)  
   Todd

2. Surname (Last Name)  
   Albert

3. Date  
   03-October-2017

4. Are you the corresponding author?  
   [ ] Yes  ✔ No  
   Corresponding Author’s Name  
   Sravisht Iyer

5. Manuscript Title  

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  
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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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<th>Name of Entity</th>
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<td>Medical Advisory Board</td>
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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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

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Dr. Albert reports In addition, Dr. Albert has a patent Expedium Spine System with royalties paid, a patent Eagle Anterior Cervical Fixation Systems with royalties paid, a patent Expandable Cage for Lumbar Spine pending, a patent Solitaire Cervical Cage with royalties paid, and a patent Polaris Spinal System with royalties paid.

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Section 1. Identifying Information

1. Given Name (First Name)  Evan
2. Surname (Last Name)  Sheha
3. Date  05-October-2017
4. Are you the corresponding author?  No
5. Manuscript Title

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.)?
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Dr. Sheha has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Han Jo

2. Surname (Last Name)  
   Kim

3. Date  
   29-September-2017

4. Are you the corresponding author?  
   Yes ☑ No

   Corresponding Author’s Name  
   Sravisht Iyer

5. Manuscript Title  

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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   Yes ☑ No

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Dr. Kim reports personal fees from K2M, personal fees from Zimmerbiomet, other from AO Spine, other from CSRS, other from ISSGF, outside the submitted work.

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1. Given Name (First Name)  
   Michael

2. Surname (Last Name)  
   Fu

3. Date  
   29-September-2017

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

   Corresponding Author’s Name
   Sravisht Iyer

5. Manuscript Title  

6. Manuscript Identifying Number (if you know it)

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Sravisht

2. Surname (Last Name)  
Iyer

3. Date  
05-June-2017

4. Are you the corresponding author?  
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No

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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.

   For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. **Intellectual Property.**

   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. **Relationships not covered above.**

   Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

Definitions.

**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

**Issued:** The patent has been issued by the agency

**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)  
   Jeffrey

2. Surname (Last Name)  
   Varghese

3. Date  
   05-October-2017

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

   Corresponding Author’s Name  
   Dr. Sravisht Iyer

5. Manuscript Title  

6. Manuscript Identifying Number (if you know it)

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**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 [x]

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**Section 3. Relevant financial activities outside the submitted work.**

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the “Add +” box. You should report relationships that were present during the 36 months prior to publication.

Are there any relevant conflicts of interest?  
   Yes [ ]  No [x]

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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 [x]
Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

☐ Yes, the following relationships/conditions/circumstances are present (explain below):

☑ No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Varghese has nothing to disclose.

Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.