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.

1. Identifying information.

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

5. Relationships not covered above.

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**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

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**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)  
Nicholas

2. Surname (Last Name)  
Spina

3. Date  
05-December-2018

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

5. Manuscript Title  
Odontoid Fractures: An Update on Management Options

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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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Spina reports personal fees from DePuy, grants from AO Spine North America, outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name)  
   William

2. Surname (Last Name)  
   Spiker

3. Date  
   05-December-2018

4. Are you the corresponding author?  
   Yes  ☑  No

   Corresponding Author’s Name  
   Nicholas Spina

5. Manuscript Title  
   Odontoid Fractures: An Update on Management Options

6. Manuscript Identifying Number (if you know it)

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   Yes  ☑  No

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Dr. Spiker reports personal fees from K2M, personal fees from Nexus Orthopaedics, personal fees from NEXXT Orthopaedics, grants from AOSpine North America, outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name)
   Darrel
2. Surname (Last Name)
   Brodke
3. Date
   05-December-2018
4. Are you the corresponding author?
   ✔ Yes  ☐ No
   Corresponding Author’s Name
   Nicholas Spina
5. Manuscript Title
   Odontoid Fractures: An Update on Management Options
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☐ Yes  ✔ No

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Section 1. Identifying Information

1. Given Name (First Name)  Brandon
2. Surname (Last Name)  Lawrence
3. Date  05-December-2018
4. Are you the corresponding author?  Yes  ✔  No
5. Manuscript Title  Odontoid Fractures: An Update on Management Options
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<th>Goz</th>
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5. Manuscript Title  
Odontoid Fractures: An Update on Management Options

6. Manuscript Identifying Number (if you know it)

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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. Goz has nothing to disclose.

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