ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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)  
   Rachel  
2. Surname (Last Name)  
   Goldstein  
3. Date  
   02-January-2014  
4. Are you the corresponding author?  
   [ ] Yes  
   ✔ No  
   Corresponding Author’s Name  
   David Skaggs

5. Manuscript Title  
   The location of the vertebral artery at C1: how far out laterally can you safely dissect?

6. Manuscript Identifying Number (if you know it)  

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
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   ✔ No

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Dr. Goldstein has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   David

2. Surname (Last Name)  
   Skaggs

3. Date  
   02-January-2014

4. Are you the corresponding author?  
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   No

5. Manuscript Title  
   The location of the vertebral artery at C1: how far out laterally can you safely dissect?

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   ✔ 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>Personal Fees</th>
<th>Non-Financial Support</th>
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<td></td>
<td>Consulting fee or honorarium</td>
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<td>Growing Spine Study Group, Scoliosis Research Society, Growing Spine Foundation Medtronic Strategic Advisory Board</td>
<td></td>
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<td>Expert testimony</td>
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<td>✔</td>
<td></td>
<td></td>
<td>legal expert in medical med. Mal. Cases (&lt;5% of income)</td>
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<tr>
<td>Biomet; Medtronic; Stryker</td>
<td></td>
<td>✔</td>
<td></td>
<td></td>
<td>Payment for lectures including service on speakers bureaus</td>
</tr>
</tbody>
</table>
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<tr>
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<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
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<td>✓</td>
<td>☐</td>
<td>☐</td>
<td>Royalties</td>
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<tr>
<td>Medtronic</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
<td>Institutional support from Medtronic (fellowship program)</td>
</tr>
<tr>
<td>Stryker; Biomet, Medtronic</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
<td>☑</td>
<td>Payment for the development of educational presentations</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Medtronic</td>
<td>☐</td>
<td>✓</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>patent holder</td>
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</tbody>
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Dr. Skaggs reports grants from POSNA & SRS, personal fees from Biomet; Medtronic, non-financial support from Growing Spine Study Group, Scoliosis Research Society, Growing Spine Foundation Medtronic Strategic Advisory Board, personal fees from Expert testimony, personal fees from Biomet; Medtronic; Stryker, personal fees from Wolters Kluwer Health - Lippincott Williams & Wilkins, other from Medtronic, other from Stryker; Biomet, Medtronic, outside the submitted work; In addition, Dr. Skaggs has a patent Medtronic issued.

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Sunde
# ICMJE Form for Disclosure of Potential Conflicts of Interest

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Caleb</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Sunde</td>
</tr>
<tr>
<td>3. Date</td>
<td>25-November-2013</td>
</tr>
</tbody>
</table>

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

Corresponding Author’s Name  
David Skaggs, MD

5. Manuscript Title  
The Location of the Vertebral Artery at C1: How Far Out Laterally Can You Safely Dissect?

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   John

2. Surname (Last Name)  
   Grimm

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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)  
   Peter

2. Surname (Last Name)  
   Assaad

3. Date  
   25-November-2013

4. Are you the corresponding author?  
   Yes  ✔  No

   Corresponding Author's Name  
   David Skaggs, MD

5. Manuscript Title  
   The Location of the Vertebral Artery at C1: How Far Out Laterally Can You Safely Dissect?

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.)?  
Are there any relevant conflicts of interest?  
   Yes  ✔  No

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Are there any relevant conflicts of interest?  
   Yes  ✔  No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   Yes  ✔  No

Assaad
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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?

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

Dr. Assaad has nothing to disclose.

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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.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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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.


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)  
Lindsay

2. Surname (Last Name)  
Andras

3. Date  
25-November-2013

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

3. Date  
Corresponding Author’s Name  
David Skaggs, MD

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Are there any relevant conflicts of interest?  
Yes ❌ No ✔

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  
Yes ❌ No ✔

Section 4. Intellectual Property -- Patents & Copyrights

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Yes ❌ No ✔
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Section 6. Disclosure Statement

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Dr. Andras has nothing to disclose.

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