ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Jennifer
2. Surname (Last Name)  Urquhart
3. Date  20-March-2019
4. Are you the corresponding author?  Yes  No  ✔
   Corresponding Author's Name  Chris Bailey
5. Manuscript Title
   The Effect of Prolonged Post-Operative Antibiotic Administration on the Rate of Infection in Patients Undergoing Posterior Spine Surgery requiring a Closed-Suction Drain: A Randomized Controlled Trial
6. Manuscript Identifying Number (if you know it)
   JBJS D-19-00009

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Are there any relevant conflicts of interest?  Yes  No  ✔

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Dr. Urquhart 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)  
   Darryl

2. Surname (Last Name)  
   Collings

3. Date  
   21-March-2019

4. Are you the corresponding author?  
   ✔ No

5. Manuscript Title  
   The Effect of Prolonged Post-Operative Antibiotic Administration on the Rate of Infection in Patients Undergoing Posterior Spine Surgery requiring a Closed-Suction Drain: A Randomized Controlled Trial

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Dr. Collings has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Lori

2. Surname (Last Name)  
Nutt

3. Date  
21-March-2019

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

Corresponding Author’s Name  
Dr. Chris Bailey

5. Manuscript Title  
The Effect of Prolonged Post-Operative Antibiotic Administration on the Rate of Infection in Patients Undergoing Posterior Spine Surgery requiring a Closed-Suction Drain: A Randomized Controlled Trial

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Ms. Nutt has nothing to disclose.

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<tr>
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<tbody>
<tr>
<td>Linda</td>
<td>Kuska</td>
<td>20-March-2019</td>
</tr>
</tbody>
</table>

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

Corresponding Author’s Name  
Dr. Chris Bailey

5. Manuscript Title  
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Ms. Kuska has nothing to disclose.

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1. Given Name (First Name)  Kevin
2. Surname (Last Name)  Gurr
3. Date  20-March-2019
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Corresponding Author’s Name
Chris Bailey

5. Manuscript Title
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Gurr
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Dr. Gurr 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)  
   Fawaz

2. Surname (Last Name)  
   Siddiqi

3. Date  
   21-March-2019

4. Are you the corresponding author?  
   ✔ No

   Corresponding Author’s Name  
   Chris Bailey

5. Manuscript Title  
   The Effect of Prolonged Post-Operative Antibiotic Administration on the Rate of Infection in Patients Undergoing Posterior Spine Surgery requiring a Closed-Suction Drain: A Randomized Controlled Trial

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  
   ✔ No

---

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Are there any relevant conflicts of interest?  
   ✔ 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?  
   ✔ No
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Dr. Siddiqi 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)  
   Parham
2. Surname (Last Name)  
   Rasoulinejad
3. Date  
   21-March-2019
4. Are you the corresponding author?  
   □ Yes  ✔ No

**Corresponding Author’s Name**  
Chris Bailey

5. Manuscript Title  
The Effect of Prolonged Post-Operative Antibiotic Administration on the Rate of Infection in Patients Undergoing Posterior Spine Surgery requiring a Closed-Suction Drain: A Randomized Controlled Trial
6. Manuscript Identifying Number (if you know it)

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□ Yes  ✔ No

**Section 4. Intellectual Property -- Patents & Copyrights**

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□ Yes  ✔ No
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Dr. Rasoulinejad has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
   Alyssa

2. Surname (Last Name)
   Fleming

3. Date
   20-March-2019

4. Are you the corresponding author?   Yes  ☑ No

   Corresponding Author’s Name
   Chris Bailey

5. Manuscript Title
   The Effect of Prolonged Post-Operative Antibiotic Administration on the Rate of Infection in Patients Undergoing Posterior Spine Surgery requiring a Closed-Suction Drain: A Randomized Controlled Trial

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Section 4. Intellectual Property -- Patents & Copyrights

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  Joanne
2. Surname (Last Name)  Collie
3. Date  20-March-2019
4. Are you the corresponding author?  ☑ No
   
   Corresponding Author’s Name  Chris Bailey

5. Manuscript Title  The Effect of Prolonged Post-Operative Antibiotic Administration on the Rate of Infection in Patients Undergoing Posterior Spine Surgery requiring a Closed-Suction Drain: A Randomized Controlled Trial
6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  ☑ No

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Section 1. Identifying Information

1. Given Name (First Name)  
   Chris

2. Surname (Last Name)  
   Bailey

3. Date  
   20-March-2019

4. Are you the corresponding author?  
   ✔ Yes   No

5. Manuscript Title  
   The Effect of Prolonged Post-Operative Antibiotic Administration on the Rate of Infection in Patients Undergoing Posterior Spine Surgery requiring a Closed-Suction Drain: A Randomized Controlled Trial

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-19-00009.

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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

If yes, please fill out the appropriate information below.

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
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<td>Medtronic Canada</td>
<td>✔</td>
<td>❌</td>
<td>❌</td>
<td>❌</td>
<td>research and fellowship support</td>
</tr>
</tbody>
</table>

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Dr. Bailey reports grants from Medtronic Canada, outside the submitted work.

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