

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.

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".

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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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4. Intellectual Property.

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

5. Relationships not covered above.

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Definitions.

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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) John	2. Surname (Last Name) Anderson	3. Date 23-April-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ilkka Helenius
5. Manuscript Title Os odontoideum in children: treatment outcomes and neurologic risk factors		
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

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

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

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- Yes, the following relationships/conditions/circumstances are present (explain below):
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Advocacy committee member for the Pediatric Orthopaedic Society of North America

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Section 6. Disclosure Statement

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Dr. Anderson reports and Advocacy committee member for the Pediatric Orthopaedic Society of North America.

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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) _____ Bauer _____

3. Date _____ 23-April-2019 _____

4. Are you the corresponding author? Yes No Corresponding Author's Name _____ Ilka Helenius _____

5. Manuscript Title _____ Os odontoideum in children: treatment outcomes and neurologic risk factors _____

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? Yes No

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Depuy Orthopaedics	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	not relevant to study

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 6. Disclosure Statement

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Dr. Bauer reports personal fees from Depuy Orthopaedics , outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)
Patrick J.

2. Surname (Last Name)
Cahill

3. Date
25-April-2019

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Ilkka Helenius

5. Manuscript Title
Os Odontoideum in Children: Treatment Outcomes and Neurologic Risk Factors

6. Manuscript Identifying Number (if you know it)
JBJS-D-19-00314

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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Biogen, Inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	paid consultant
NuVasiv, Inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	paid consultant
Setting Scoliosis Straight Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research grants from SSSF received in support of Harms Study Group research
Children's Spine Study Group	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grant in support of research with the Children's Spine Study Group

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Section 4. Intellectual Property -- Patents & Copyrights

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AAOS: Board or committee member
Journal of Bone and Joint Surgery - American: Editorial or governing board
Pediatric Orthopaedic Society of North America: Board or committee member
Scoliosis Research Society: Board or committee member
Spine Deformity: Editorial or governing board

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Dr. Cahill reports personal fees from Biogen, Inc., personal fees from NuVasiv, Inc., grants from Setting Scoliosis Straight Foundation, grants from Children's Spine Study Group, outside the submitted work; and AAOS: Board or committee member
Journal of Bone and Joint Surgery - American: Editorial or governing board
Pediatric Orthopaedic Society of North America: Board or committee member
Scoliosis Research Society: Board or committee member
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Daniel	2. Surname (Last Name) Hedequist	3. Date 23-April-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ilkka Helenius
5. Manuscript Title Os odontoideum in children: treatment outcomes and neurologic risk factors		
6. Manuscript Identifying Number (if you know it) JBJS-D-19-00314R1		

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Are there any relevant conflicts of interest? Yes No

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Dr. Hedequist has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Ilkka

2. Surname (Last Name)

Helenius

3. Date

24-April-2019

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Os Odontoideum in Children: Treatment Outcomes and Neurologic Risk Factors

6. Manuscript Identifying Number (if you know it)

JBJS-D-19-00314

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? 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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Medtronic	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
K2M via Innosurge As	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Helenius reports grants from Medtronic, grants from K2M via Innosurge As, during the conduct of the study; personal fees from Medtronic, personal fees from K2M via Innosurge, outside the submitted work; .

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4. Intellectual Property.

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

5. Relationships not covered above.

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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)
Walter

2. Surname (Last Name)
Krengel

3. Date
24-April-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Ilkka Helenius

5. Manuscript Title
Os odontoideum in children: treatment outcomes and neurologic risk factors

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? 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

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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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. Krengel has nothing to disclose.

Evaluation and Feedback

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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) A Noelle 2. Surname (Last Name) Larson 3. Date 24-April-2019

4. Are you the corresponding author? Yes No Corresponding Author's Name
Ilkka Helenius

5. Manuscript Title
Os odontoideum in children: treatment outcomes and neurologic risk factors

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

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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Medtronic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant

Section 4. Intellectual Property -- Patents & Copyrights

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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

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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. Larson reports personal fees from Medtronic, outside the submitted work; .

Evaluation and Feedback

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4. Intellectual Property.

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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)
Joshua

2. Surname (Last Name)
Pahys

3. Date
23-April-2019

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Ilkka Helenius

5. Manuscript Title
Os odontoideum in children: treatment outcomes and neurologic risk factors

6. Manuscript Identifying Number (if you know it)
JBJS-D-19-00314R1

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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.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
DePuy Synthes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
NuVasive	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Zimmer Biomet	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant

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 6. Disclosure Statement

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Dr. Pahys reports personal fees from DePuy Synthes, personal fees from NuVasive, personal fees from Zimmer Biomet, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Jonathan

2. Surname (Last Name)
Phillips

3. Date
23-April-2019

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Ilkka helenius

5. Manuscript Title
Os odontoideum in children: treatment outcomes and neurologic risk factors

6. Manuscript Identifying Number (if you know it)
JBJS-D-19-00314R1

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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.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
OrthoPediatics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Board Member
OrthoPediatics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Paid Consultant
OrthoPediatics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Royalties
OrthoPediatics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Spine Advisory Board
Biomet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Royalties
Biomet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Research support
Springer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Publishing Royalties

ICMJE Form for Disclosure of Potential Conflicts of Interest

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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Dr. Phillips reports other from OrthoPediatrics, other from OrthoPediatrics, other from OrthoPediatrics, other from OrthoPediatrics, other from Biomet, other from Biomet, other from Springer, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
paul

2. Surname (Last Name)
sponseller

3. Date
23-April-2019

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Ilkka Helenius

5. Manuscript Title
os odontoideum

6. Manuscript Identifying Number (if you know it)
JBJS-D-19-00314R1

Section 2. The Work Under Consideration for Publication

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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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
JBJS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Deputy Editor
Johnson and Johnson	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Research Support, Royalties
Globus	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Product Development

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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Dr. sponseller reports personal fees from JBJS, personal fees from Johnson and Johnson, personal fees from Globus, outside the submitted work; .

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3. Relevant financial activities outside the submitted work.

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4. Intellectual Property.

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

5. Relationships not covered above.

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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)
Bram

2. Surname (Last Name)
Verhofste

3. Date
23-April-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Ikka Helenius

5. Manuscript Title
Os odontoideum in children: treatment outcomes and neurologic risk factors

6. Manuscript Identifying Number (if you know it)
JBJS-D-19-00314

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

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

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

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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. Verhofste has nothing to disclose.

Evaluation and Feedback

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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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Burt 2. Surname (Last Name) Yaszay 3. Date 23-April-2019

4. Are you the corresponding author? Yes No Corresponding Author's Name
Ilkka Helenius

5. Manuscript Title
Os odontoideum in children: treatment outcomes and neurologic risk factors

6. Manuscript Identifying Number (if you know it)
JBJS-D-19-00314R1

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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Depuy Synthes Spine	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nuvasive	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
K2M/Stryker	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Biogen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Orthopediatrics	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Globus	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
K2M	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

Section 5. Relationships not covered above

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Dr. Yaszay reports grants and personal fees from Depuy Synthes Spine, grants and personal fees from Nuvasive, grants and personal fees from K2M/Stryker, personal fees from Biogen, personal fees from Orthopediatrics, personal fees from Globus, outside the submitted work; In addition, Dr. Yaszay has a patent K2M with royalties paid.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Jeffrey

2. Surname (Last Name)
Martus

3. Date
23-April-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Ilka Helenius

5. Manuscript Title
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