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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3. Relevant financial activities outside the submitted work.

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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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# ICMJE Form for Disclosure of Potential Conflicts of Interest

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<thead>
<tr>
<th>1. Given Name (First Name)</th>
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<th>3. Date</th>
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<tbody>
<tr>
<td>Jens</td>
<td>Chapman</td>
<td>03-September-2019</td>
</tr>
</tbody>
</table>

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

Corresponding Author's Name  
Srikanth N. Divi

5. Manuscript Title  
Description and Validation of the AOSpine Sacral Injury Classification System

6. Manuscript Identifying Number (if you know it)

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

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

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

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   - [ ] Yes  
   - [x] 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):

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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. Chapman 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)  
   Carlo  

2. Surname (Last Name)  
   Bellabarba  

3. Date  
   03-September-2019  

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

   Corresponding Author’s Name  
   Srikanth N. Divi  

5. Manuscript Title  
   Description and Validation of the AOSpine Sacral Injury Classification System  

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

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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<td>Reimbursement of travel costs to attend sacral fracture classification research meetings</td>
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Are there any relevant conflicts of interest?  
   ✔ Yes  
   ☐ No

If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
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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

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. Bellabarba reports other from AO Spine, during the conduct of the study; grants from AO Spine, outside the submitted work; .

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<tr>
<td>Gaurav Raj</td>
<td>Dhakal</td>
<td>26-August-2019</td>
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4. Are you the corresponding author?  
   - Yes  
   - No ✔

5. Manuscript Title
   - Description and Validation of the AO Spine Sacral Injury Classification System

6. Manuscript Identifying Number (if you know it)

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

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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  
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Dr. Dhakal has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)                  2. Surname (Last Name)                  3. Date
   Marcel                                      Dvorak                                03-September-2019

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

       Corresponding Author’s Name
       Srikanth N. Divi

5. Manuscript Title
   Description and Validation of the AOSpine Sacral Injury Classification System

6. Manuscript Identifying Number (if you know it)

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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
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Dr. Dvorak reports personal fees from AO Spine, personal fees from Medtronic, outside the submitted work;

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Section 1. Identifying Information

1. Given Name (First Name) Jefferson
2. Surname (Last Name) Wilson
3. Date 30-August-2019
4. Are you the corresponding author? [ ] Yes [✔] No
5. Manuscript Title
Description and Validation of the AOSpine Sacral Injury Classification System
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.)?
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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
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Dr. Wilson reports personal fees from Stryker Canada, 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)  
   SHANMUGANATHAN

2. Surname (Last Name)  
   RAJASEKARAN

3. Date  
   26-August-2019

4. Are you the corresponding author?  
   [ ] Yes  [x] No  
   Corresponding Author’s Name  
   Srikanth N. Divi

5. Manuscript Title  
   Description and Validation of the AOSpine Sacral Injury Classification

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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[ ] Yes  [x] No

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

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

If yes, please fill out the appropriate information below.

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<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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<tr>
<td>The Journal of Bone and Joint Surgery</td>
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<td>Deputy Editor</td>
</tr>
</tbody>
</table>

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Section 6. Disclosure Statement

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Dr. RAJASEKARAN reports other from The Journal of Bone and Joint Surgery, from null, outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Mohammad

2. Surname (Last Name)  
   El-Sharkawi

3. Date  
   26-August-2019

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

   Corresponding Author’s Name  
   Srikanth N. Divi

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Dr. El-Sharkawi 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)  
   Andrei

2. Surname (Last Name)  
   Joaquim

3. Date  
   25-August-2019

4. Are you the corresponding author?  
   Yes    ☑  No

   Corresponding Author’s Name  
   Srikanth N Divi

5. Manuscript Title  
   Description and Validation of the AOspine Sacral Injury Classification System

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Dr. Joaquim has nothing to disclose.

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1. Given Name (First Name)  
   Emiliano

2. Surname (Last Name)  
   Vialle

3. Date  
   25-August-2019

4. Are you the corresponding author?  
   Yes  No  
   Corresponding Author’s Name  
   Srikanth N. Divi

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Dr. Vialle has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Lorin Michael  

2. Surname (Last Name)  
   Benneker

3. Date  
   30-August-2019

4. Are you the corresponding author?  
   - Yes  
   - No  
   Corresponding Author’s Name  
   Srikanth N. Divi

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- [ ] Yes  
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Are there any relevant conflicts of interest?  
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Dr. Benneker has nothing to disclose.

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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)  
Srikanth

2. Surname (Last Name)  
Divi

3. Date  
30-August-2019

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

5. Manuscript Title  
Description and Validation of the AOSpine Sacral Injury Classification System

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.)?

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Divi 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)  
   Luiz R

2. Surname (Last Name)  
   Vialle

3. Date  
   27-August-2019

4. Are you the corresponding author?  
   Yes ☑ No

   Corresponding Author’s Name  
   Srikanth N. Divi

5. Manuscript Title  
   Description and Validation of the AOspine Sacral Injury Classification System

6. Manuscript Identifying Number (if you know it)

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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.

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Dr. Vialle reports non-financial support from AO Foundation, during the conduct of the study.
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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)  
   F. Cumhur  
2. Surname (Last Name)  
   Oner  
3. Date  
   25-August-2019  
4. Are you the corresponding author?  
   ☑ Yes ☐ No  
   Corresponding Author’s Name  
   Srikanth N. Divi  
5. Manuscript Title  
Description and Validation of the AOSpine Sacral Injury Classification System  
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  
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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<th>Name of Entity</th>
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<td>AOSpine</td>
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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

Section 5. Relationships not covered above

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Dr. Oner reports non-financial support from AOSpine, during the conduct of the study; grants from DPS, non-financial support from AOSpine, outside the submitted work;

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)  reza
2. Surname (Last Name)  firoozabadi
3. Date  24-August-2019

4. Are you the corresponding author?  Yes  No

   Corresponding Author’s Name  Srikanth N. Divi

5. Manuscript Title
Description and Validation of the AOSpine Sacral Injury Classification

6. Manuscript Identifying Number (if you know it)

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Dr. firouzabadi 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)  Frank
2. Surname (Last Name)  Kandziora
3. Date  02-September-2019
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Srikanth N. Divi
5. Manuscript Title
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Dr. Kandziora 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)  
   Joerg

2. Surname (Last Name)  
   Holstein

3. Date  
   26-August-2019

4. Are you the corresponding author?  
   ☑ Yes  ☐ No  
   Corresponding Author’s Name  
   Srikanth N. Divi

5. Manuscript Title  
   Description and Validation of the AOspine Sacral Injury Classification System

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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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Holstein has nothing to disclose.

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1. Given Name (First Name)  
   Christopher

2. Surname (Last Name)  
   Kepler

3. Date  
   26-August-2019

4. Are you the corresponding author?  
   [ ] Yes  
   [X] No  
   Corresponding Author’s Name  
   Srikanth N. Divi

5. Manuscript Title  
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Are there any relevant conflicts of interest?  
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   [X] No

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<td>Regeneration Technologies</td>
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Dr. Kepler reports other from Biomet, other from Medtronic, other from Pfizer, other from Regeneration Technologies, outside the submitted work; .

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1. Given Name (First Name)  
Rishi Mugesh

2. Surname (Last Name)  
Kanna

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30-August-2019

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[ ] Yes  [x] No  
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Srikanth N. Divi

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Dr. Kanna has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
James

2. Surname (Last Name)  
Krieg

3. Date  
30-August-2019

4. Are you the corresponding author?  
☐ Yes  ☑ No  
Corresponding Author’s Name  
Srikanth N. Divi

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1. Given Name (First Name)  Conor
2. Surname (Last Name)  Kleweno
3. Date  30-August-2019
4. Are you the corresponding author?  Yes  ☑ No
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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  ☐ Yes  ☑ No
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Dr. Kleweno has nothing to disclose.

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1. Given Name (First Name)  2. Surname (Last Name)  3. Date
Mark  Kurd  27-August-2019

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

Corresponding Author’s Name
Srikanth N. Divi

5. Manuscript Title
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1. Given Name (First Name)  Alexander
2. Surname (Last Name)  Vaccaro
3. Date 26-August-2019

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Corresponding Author’s Name
Srikanth N. Divi

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   Jin

2. Surname (Last Name)  
   Tee

3. Date  
   26-August-2019

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   [x] No

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   Srikanth N. Divi

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**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)  
   Eugen Cezar  

2. Surname (Last Name)  
   Popescu  

3. Date  
   10-September-2019  

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

   Corresponding Author’s Name  
   Srikanth N Divi  

5. Manuscript Title  
   Description and validation of the AOSpine sacral injury classification system  

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.)?  

click here  

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  

## 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?

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Section 6. Disclosure Statement

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Dr. Popescu 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) Klaus John
2. Surname (Last Name) Schnake
3. Date 07-September-2019
4. Are you the corresponding author? Yes No
Corresponding Author’s Name Srikanth N. Divi
5. Manuscript Title
Description and Validation of the AOSpine Sacral Injury Classification System
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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Are there any relevant conflicts of interest? Yes No
If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
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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
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Schnake reports personal fees and other from AOSpine International, 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)  
   Sander

2. Surname (Last Name)  
   Muijs

3. Date  
   30-August-2019

4. Are you the corresponding author?  
   Yes [✓] No
   Corresponding Author’s Name  
   Srikanth N. Divi

5. Manuscript Title  
   Description and Validation of the AOspine Sacral Injury Classification System

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

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. Muijs reports grants from AOSpine, during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Gregory

2. Surname (Last Name)  
   Schroeder

3. Date  
   26-August-2019

4. Are you the corresponding author?  
   Yes  ☑ No  
   Corresponding Author’s Name  
   Srikanth N. Divi

5. Manuscript Title  
   Description and Validation of the AOSpine Sacral Injury Classification System

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Are there any relevant conflicts of interest?  
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Dr. Schroeder reports other from Advance Medical, other from Stryker, other from Zimmer, other from AOSpine, other from Medtronic, other from Medtronic Sofamor Danek, outside the submitted work; .

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