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) Parham
2. Surname (Last Name) Rasoulinejad
3. Date 30-October-2020
4. Are you the corresponding author? ☑ No
   Corresponding Author’s Name Chris Bailey
5. Manuscript Title
   The impact of surgical-site infection on functional recovery and surgical outcomes after adult posterior thoracolumbar spinal surgery
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

Section 4. Intellectual Property -- Patents & Copyrights

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**Section 6. Disclosure Statement**

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Dr. Rasoulinejad 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)  
   Chris

2. Surname (Last Name)  
   Bailey

3. Date  
   28-October-2020

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   The impact of surgical-site infection on functional recovery and surgical outcomes after adult posterior thoracolumbar spinal surgery

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

If yes, please fill out the appropriate information below.

<table>
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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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<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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Section 1. Identifying Information

1. Given Name (First Name)  
Fawaz

2. Surname (Last Name)  
Siddiqi

3. Date  
30-October-2020

4. Are you the corresponding author?  
☐ Yes  ✔ No  
Corresponding Author’s Name  
Chris Bailey

5. Manuscript Title  
The impact of surgical-site infection on functional recovery and surgical outcomes after adult posterior thoracolumbar spinal surgery

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Dr. Siddiqi has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Jennifer

2. Surname (Last Name)  
   Urquhart

3. Date  
   30-October-2020

4. Are you the corresponding author?  
   [ ] Yes  ☑️ No  
   Corresponding Author’s Name  
   Chris Bailey

5. Manuscript Title  
   The impact of surgical-site infection on functional recovery and surgical outcomes after adult posterior thoracolumbar spinal surgery

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Dr. Urquhart has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Kevin
2. Surname (Last Name)  Gurr
3. Date  30-October-2020
4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  Chris Bailey

5. Manuscript Title  The impact of surgical-site infection on functional recovery and surgical outcomes after adult posterior thoracolumbar spinal surgery
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Dr. Gurr has nothing to disclose.

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