ICMJE DISCLOSURE FORM

Date:______________3/19/22__________________________________________________________

Your Name:____________Sravisht Iyer__________________________________________________

Manuscript Title:____ In Patients With Cervical Radiculopathy, Arthroplasty and Fusion Surgical Treatment Did Not Differ for Disability at 5 Years_________

Manuscript number (if known):__________________________________________________________________

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None
|   |                                                                              | Globus Medical Inc
|   |                                                                              | Stryker
| 6 | Payment for expert testimony                                                | x None
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| 8 | Patents planned, issued or pending                                           | x None
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