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.

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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.

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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)  
   Christopher

2. Surname (Last Name)  
   Shaffrey

3. Date  
   11-October-2019

4. Are you the corresponding author?  
   Yes  ✔  No

Corresponding Author’s Name  
Rajiv K. Sethi

5. Manuscript Title  
   Team Approach: Safety and Value in the Practice of Complex Adult Spinal Surgery

6. Manuscript Identifying Number (if you know it)  
   REVIEWS-D-19-00145

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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If yes, please fill out the appropriate information below.

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<thead>
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<td>Zimmer Biomet</td>
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</table>

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. Shaffrey reports personal fees from Nuasive, personal fees from Medtronic, 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)  Jean-Christophe
2. Surname (Last Name)  Leveque
3. Date  07-October-2019

4. Are you the corresponding author?  Yes  ☑ No
   Corresponding Author’s Name  Rajiv K. Sethi

5. Manuscript Title
   Team Approach: Safety and Value in the Practice of Complex Adult Spinal Surgery

6. Manuscript Identifying Number (if you know it)
   REVIEWS-D-19-00145

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Dr. Leveque has nothing to disclose.

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**Other**: Anything not covered under the previous three boxes

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Section 1. Identifying Information

1. Given Name (First Name)  
   David

2. Surname (Last Name)  
   Polly

3. Date  
   21-October-2019

4. Are you the corresponding author?  
   □ Yes  □ No  
   Corresponding Author’s Name  
   Rajiv K. Sethi

5. Manuscript Title  
   Team Approach: Safety and Value in the Practice of Complex Adult Spinal Surgery

6. Manuscript Identifying Number (if you know it)  
   REVIEWS-D-19-00145

Section 2. The Work Under Consideration for Publication

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<td>✓</td>
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Dr. Polly reports personal fees from SI Bone, other from Springer, other from Medtronic, other from Globus Medical, 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) Venu
2. Surname (Last Name) Nemani
3. Date 07-October-2019

4. Are you the corresponding author? ☐ Yes ☑ No
   Corresponding Author’s Name Rajiv K. Sethi

5. Manuscript Title
   Team Approach: Safety and Value in the Practice of Complex Adult Spinal Surgery

6. Manuscript Identifying Number (if you know it)
   REVIEWS-D-19-00145

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Dr. Nemani has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Rajiv
2. Surname (Last Name)   Sethi
3. Date  07-October-2019
4. Are you the corresponding author?  Yes  No

5. Manuscript Title
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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. **Given Name (First Name)**  
Anna

2. **Surname (Last Name)**  
Wright

3. **Date**  
07-October-2019

4. Are you the corresponding author?  
☑ Yes  ☐ No  
Corresponding Author’s Name  
Rajiv K. Sethi

5. **Manuscript Title**  
Team Approach: Safety and Value in the Practice of Complex Adult Spinal Surgery

6. **Manuscript Identifying Number (if you know it)**  
REVIEWS-D-19-00145

## 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?  
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Dr. Wright 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)  
   Quinlan

2. Surname (Last Name)  
   Buchlak

3. Date  
   08-October-2019

4. Are you the corresponding author?  
   Yes  No  
   Corresponding Author’s Name  
   Rajiv K. Sethi

5. Manuscript Title  
   Team Approach: Safety and Value in the Practice of Complex Adult Spinal Surgery

6. Manuscript Identifying Number (if you know it)  
   REVIEWS-D-19-00145

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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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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1. Given Name (First Name)  
   Helen

2. Surname (Last Name)  
   Bean

3. Date  
   07-October-2019

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

   Corresponding Author’s Name  
   Rajiv K. Sethi

5. Manuscript Title  
   Team Approach: Safety and Value in the Practice of Complex Adult Spinal Surgery

6. Manuscript Identifying Number (if you know it)  
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1. Given Name (First Name)  
   Andrew

2. Surname (Last Name)  
   Friedman

3. Date  
   07-October-2019

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   [ ] Yes  [ ] No  
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   Rajiv K. Sethi

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