

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 four parts.

1. Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

2. The work under consideration for publication.

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Section 1.	Identifying Infor	mation			
1. Given Name (Fii Samuel	rst Name)	2. Surname (Cho	Last Name)		3. Effective Date (07-August-2008) 25-March-2011
4. Are you the cor	responding author?	Yes	✓ No	Corresponding Author's Na K. Daniel Riew	ame
5. Manuscript Title Hemostatic Tech		tal Stay Followi	ng Multileve	l Posterior Cervical Spinal	Surgery

6. Manuscript Identifying Number (if you know it)

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The Work Under Consideration f	or Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	\checkmark					×
						ADD
2. Consulting fee or honorarium	\checkmark					×
						ADD
3. Support for travel to meetings for the study or other purposes	\checkmark					×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	\checkmark					×
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5. Payment for writing or reviewing the manuscript	\checkmark					×
						ADD
 Provision of writing assistance, medicines, equipment, or administrative support 	\checkmark					×



The Work Under Conside	ration for Pub	ication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other	\checkmark					×
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1. Board membership	\checkmark					×
						ADD
2. Consultancy	\checkmark					×
						ADD
3. Employment	\checkmark					×
						ADD
4. Expert testimony	\checkmark					×
						ADD
5. Grants/grants pending	\checkmark					×
						ADD
Payment for lectures including service on speakers bureaus	\checkmark					×
						ADD
7. Payment for manuscript preparation	\checkmark					×



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 Patents (planned, pending or issued) 	\checkmark					×
						ADD
9. Royalties	\checkmark					×
						ADD
10. Payment for development of educational presentations	\checkmark					×
						ADD
11. Stock/stock options	\checkmark					×
						ADD
 Travel/accommodations/ meeting expenses unrelated to activities listed** 	\checkmark					×
						ADD
13. Other (err on the side of full disclosure)	\checkmark					×
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1

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4. Are you the corresponding author?	Yes 🗸 No	Corresponding Author's K. Daniel Riew	Name
5. Manuscript Title Hemostatic Techniques Reduce Hospi	ital Stay Following Multile	vel Posterior Cervical Spin	al Surgery

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4. Are you the co	rresponding author?	✓ Yes No	
5. Manuscript Titl Hemostatic Tecl		ital Stav Following Multilevel Posterior (Cervical 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 for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

The Work Under Consideration for Publication								
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**			
1. Grant	\checkmark					×		
						ADD		
2. Consulting fee or honorarium	\checkmark					×		
						ADD		
3. Support for travel to meetings for the study or other purposes	\checkmark					×		
						ADD		
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	\checkmark					×		
						ADD		
5. Payment for writing or reviewing the manuscript	\checkmark					×		
						ADD		
 Provision of writing assistance, medicines, equipment, or administrative support 	\checkmark					×		



The Work Under Consideration for Publication						
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other	\checkmark					×
						ADD

* This means money that your institution received for your efforts on this study.

** Use this section to provide any needed explanation.

Section 3. Relevant financial activities outside the submitted work.

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Relevant financial activities outside the submitted work							
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
1. Board membership	\checkmark					×	
						ADD	
2. Consultancy	\checkmark					×	
						ADD	
3. Employment	\checkmark					×	
						ADD	
4. Expert testimony	\checkmark					×	
						ADD	
5. Grants/grants pending	\checkmark					×	
						ADD	
Payment for lectures including service on speakers bureaus	\checkmark					×	
						ADD	
7. Payment for manuscript preparation	\checkmark					×	



Relevant financial activities out	side the	e submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
8. Patents (planned, pending or issued)	\checkmark					×
						ADD
9. Royalties		\checkmark		Osprey		×
9. Royalties		\checkmark		Biomet		×
9. Royalties		\checkmark		Medtronic Sofamor Danek		×
						ADD
10. Payment for development of educational presentations	\checkmark					×
						ADD
11. Stock/stock options		\checkmark		Osprey		×
11. Stock/stock options		\checkmark		Expanding Orthopedics		×
11. Stock/stock options		\checkmark		Spineology		×
11. Stock/stock options		\checkmark		Spinal Kinetics		×
11. Stock/stock options		\checkmark		Amedica		×
11. Stock/stock options		\checkmark		Nexgen Spine		×
11. Stock/stock options		\checkmark		Vertiflex		×
11. Stock/stock options		\checkmark		Benvenue		×
11. Stock/stock options		\checkmark		Paradigm Spine		×
11. Stock/stock options		\checkmark		PSD		×
						ADD
 Travel/accommodations/ meeting expenses unrelated to activities listed** 	\checkmark					×
						ADD
13. Other (err on the side of full disclosure)	\checkmark					×

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Hide All Table Rows Checked 'No'

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Section 1.	Identifying Inforn	nation		
1. Given Name (Fi MOON SOO	rst Name)	2. Surname (Last Name) PARK		3. Effective Date (07-August-2008) NOVEMBER 21, 2011
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Na K. DANIEL RIEW	me
5. Manuscript Title Hemostatic Tech		al Stay Following Multilev	el Posterior Cervical Spinal S	Surgery

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The Work Under Consideration for Publication								
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**			
1. Grant	\checkmark					×		
						ADD		
2. Consulting fee or honorarium	\checkmark					×		
						ADD		
3. Support for travel to meetings for the study or other purposes	\checkmark					×		
						ADD		
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	\checkmark					×		
						ADD		
5. Payment for writing or reviewing the manuscript	\checkmark					×		
						ADD		
 Provision of writing assistance, medicines, equipment, or administrative support 	\checkmark					×		



The Work Under Consideration for Publication						
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other	\checkmark					×
						ADD

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Relevant financial activities outside the submitted work							
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
1. Board membership	\checkmark					×	
						ADD	
2. Consultancy	\checkmark					×	
						ADD	
3. Employment	\checkmark					×	
						ADD	
4. Expert testimony	\checkmark					×	
						ADD	
5. Grants/grants pending	\checkmark					×	
						ADD	
Payment for lectures including service on speakers bureaus	\checkmark					×	
						ADD	
7. Payment for manuscript preparation	\checkmark					×	



Relevant financial activities outside the submitted work							
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
						ADD	
 Patents (planned, pending or issued) 	\checkmark					×	
						ADD	
9. Royalties	\checkmark					×	
						ADD	
10. Payment for development of educational presentations	\checkmark					×	
						ADD	
11. Stock/stock options	\checkmark					×	
						ADD	
 Travel/accommodations/ meeting expenses unrelated to activities listed** 	\checkmark					×	
						ADD	
13. Other (err on the side of full disclosure)	\checkmark					×	
						ADD	

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Section 1.	Identifying Inform	mation		
1. Given Name (Fi Joshua	rst Name)	2. Surname (Last Name) Pahys		3. Effective Date (07-August-2008) 03-June-2012
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Na K. Daniel Riew, M.D.	ime
5. Manuscript Title Hemostatic Tech		tal Stay Following Multilev	el Posterior Cervical Spinal	Surgery

6. Manuscript Identifying Number (if you know it)

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The Work Under Consideration for Publication							
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
1. Grant	\checkmark					×	
						ADD	
2. Consulting fee or honorarium	\checkmark					×	
						ADD	
3. Support for travel to meetings for the study or other purposes	\checkmark					×	
						ADD	
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	\checkmark					×	
						ADD	
5. Payment for writing or reviewing the manuscript	\checkmark					×	
						ADD	
 Provision of writing assistance, medicines, equipment, or administrative support 	\checkmark					×	



The Work Under Consideration for Publication							
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
						ADD	
7. Other	\checkmark					×	
						ADD	

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Relevant financial activities outside the submitted work						
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	\checkmark					×
						ADD
2. Consultancy	\checkmark					×
						ADD
3. Employment	\checkmark					×
						ADD
4. Expert testimony	\checkmark					×
						ADD
5. Grants/grants pending	\checkmark					×
						ADD
Payment for lectures including service on speakers bureaus	\checkmark					×
						ADD
7. Payment for manuscript preparation	\checkmark					×



Relevant financial activities outside the submitted work							
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
						ADD	
 Patents (planned, pending or issued) 	\checkmark					×	
						ADD	
9. Royalties	\checkmark					×	
						ADD	
10. Payment for development of educational presentations	\checkmark					×	
						ADD	
11. Stock/stock options	\checkmark					×	
						ADD	
 Travel/accommodations/ meeting expenses unrelated to activities listed** 	\checkmark					×	
						ADD	
13. Other (err on the side of full disclosure)	\checkmark					×	
						ADD	

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Hide All Table Rows Checked 'No'

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Section 1. Identifying Information

1. Given Name (First Name)	
Dong-Ho	

2. Surname (Last Name) Lee

✓ No

3. Effective Date (07-August-2008) 14-March-2011

4. Are you the corresponding author?

Corresponding Author's Name K. Daniel Riew

5. Manuscript Title

Hemostatic Techniques Reduce Hospital Stay Following Multilevel Posterior Cervical Spinal Surgery

Yes

6. Manuscript Identifying Number (if you know it)

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Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration f	or Pub	lication			的關係的認識。就是認識的	
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	\checkmark					× ADD
2. Consulting fee or honorarium	\checkmark					× ADD
3. Support for travel to meetings for the study or other purposes	\checkmark					×
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	✓					×
5. Payment for writing or reviewing the manuscript	\checkmark					ADD × ADD
 Provision of writing assistance, medicines, equipment, or administrative support 	\checkmark					×

Lee

ICMJE Form for Disclosure of Potential Conflicts of Interest

	Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
							AD
7. Other		\checkmark					>

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						ADD	
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						ADD	
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						ADD	
4. Expert testimony	\checkmark					×	
						ADD	
5. Grants/grants pending	\checkmark					×	
						ADD	
 Payment for lectures including service on speakers bureaus 	\checkmark					×	
Service on speakers bareaus						ADD	
7. Payment for manuscript	\checkmark					×	
preparation	V						



Relevant financial activities outs	side the					
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
 Patents (planned, pending or issued) 	\checkmark					×
						ADD
9. Royalties	\checkmark					×
						ADD
 Payment for development of educational presentations 	\checkmark					×
						ADD
11. Stock/stock options	\checkmark					×
						ADD
 Travel/accommodations/ meeting expenses unrelated to activities listed** 	1					×
						ADD
13. Other (err on the side of full disclosure)	\checkmark					*
						ADD

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1. Given Name (Fii Matthew	rst Name)	2. Surname (Last Name) Kang		3. Effective Date (07-August-2008) 10-March-2011
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Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**			
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						ADD		
 Provision of writing assistance, medicines, equipment, or administrative support 	\checkmark					×		



The Work Under Consideration for Publication							
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
						ADD	
7. Other	\checkmark					×	
						ADD	

* This means money that your institution received for your efforts on this study.

** Use this section to provide any needed explanation.

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 submission.

Relevant financial activities outside the submitted work							
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
1. Board membership	\checkmark					×	
						ADD	
2. Consultancy	\checkmark					×	
						ADD	
3. Employment	\checkmark					×	
						ADD	
4. Expert testimony	\checkmark					×	
						ADD	
5. Grants/grants pending	\checkmark					×	
						ADD	
Payment for lectures including service on speakers bureaus	\checkmark					×	
						ADD	
7. Payment for manuscript preparation	\checkmark					×	



Relevant financial activities outside the submitted work								
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments			
						ADD		
 Patents (planned, pending or issued) 	\checkmark					×		
						ADD		
9. Royalties	\checkmark					×		
						ADD		
10. Payment for development of educational presentations	\checkmark					×		
						ADD		
11. Stock/stock options	\checkmark					×		
						ADD		
 Travel/accommodations/ meeting expenses unrelated to activities listed** 	\checkmark					×		
						ADD		
13. Other (err on the side of full disclosure)	\checkmark					×		
						ADD		

* This means money that your institution received for your efforts.

** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.

Section 4.

Other relationships

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?

✓ No other relationships/conditions/circumstances that present a potential conflict of interest

Yes, the following relationships/conditions/circumstances are present (explain below):

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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 four parts.

1. Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

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". Then complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

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.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Other relationships.

Use this section to report 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.



Section 1.	Identifying Infor	mation	
1. Given Name (Fii Guangxun	rst Name)	2. Surname (Last Name Hu) 3. Effective Date (07-August-2008) 16-March-2011
4. Are you the cor	responding author?	Yes 🖌 No	Corresponding Author's Name K. Daniel Riew
5. Manuscript Title Hemostatic Tech		tal Stay Following Multil	evel Posterior Cervical 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 for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

The Work Under Consideration for Publication								
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**			
1. Grant	\checkmark					×		
						ADD		
2. Consulting fee or honorarium	\checkmark					×		
						ADD		
3. Support for travel to meetings for the study or other purposes	\checkmark					×		
						ADD		
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	\checkmark					×		
						ADD		
5. Payment for writing or reviewing the manuscript	\checkmark					×		
						ADD		
 Provision of writing assistance, medicines, equipment, or administrative support 	\checkmark					×		



The Work Under Consideration for Publication							
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
						ADD	
7. Other	\checkmark					×	
						ADD	

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Section 3. Relevant financial activities outside the submitted work.

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Relevant financial activities outside the submitted work							
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments		
1. Board membership	\checkmark					×	
						ADD	
2. Consultancy	\checkmark					×	
						ADD	
3. Employment	\checkmark					×	
						ADD	
4. Expert testimony	\checkmark					×	
						ADD	
5. Grants/grants pending	\checkmark					×	
						ADD	
Payment for lectures including service on speakers bureaus	\checkmark					×	
						ADD	
7. Payment for manuscript preparation	\checkmark					×	



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						ADD		
 Patents (planned, pending or issued) 	\checkmark					×		
						ADD		
9. Royalties	\checkmark					×		
						ADD		
10. Payment for development of educational presentations	\checkmark					×		
						ADD		
11. Stock/stock options	\checkmark					×		
						ADD		
 Travel/accommodations/ meeting expenses unrelated to activities listed** 	\checkmark					×		
						ADD		
13. Other (err on the side of full disclosure)	\checkmark					×		
						ADD		

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Section 4.

Other relationships

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