ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name): Hamid
2. Surname (Last Name): Hassanzadeh
3. Effective Date (07-August-2008): 22-January-2012

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

Corresponding Author's Name: Khaled Kebaish M.D.

5. Manuscript Title: Clinical Results and Functional Outcome in Adult Patients Surgically Treated for Spinal Deformity: Primary versus Revision Surgery

6. Manuscript Identifying Number (if you know it):

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1. Grant	☑	☐	☐			×
						ADD
2. Consulting fee or honorarium	☑	☐	☐			×
						ADD
3. Support for travel to meetings for the study or other purposes	☑	☐	☐			×
						ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	☑	☐	☐			×
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5. Payment for writing or reviewing the manuscript	☑	☐	☐			×
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						ADD
8. Patents (planned, pending or issued)	☑	☐	☐			×
						ADD
9. Royalties	☑	☐	☐			×
						ADD
10. Payment for development of educational presentations	☑	☐	☐			×
						ADD
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Section 1. Identifying Information

1. Given Name (First Name): Richard
2. Surname (Last Name): Skolasky
3. Effective Date (07-August-2008): 23-January-2012

4. Are you the corresponding author? ☐ Yes ☑ No
Corresponding Author's Name: Khaled Kebaish

5. Manuscript Title
Clinical results and functional outcome in adult patients after treatment for spinal deformity: primary versus revision surgery

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2. Consulting fee or honorarium	☑	☐	☐			×
						ADD
3. Support for travel to meetings for the study or other purposes	☑	☐	☐			×
						ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	☑	☐	☐			×
						ADD
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						ADD
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Section 1. Identifying Information

1. Given Name (First Name): Philip
2. Surname (Last Name): Neubauer
3. Effective Date (07-August-2008): 14-February-2012

4. Are you the corresponding author? ☐ Yes ☑ No
Corresponding Author's Name: Khaled Kebaish

5. Manuscript Title
Clinical results and functional outcome in adult patients after treatment for spinal deformity: primary versus revision surgery

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name): Addisu
2. Surname (Last Name): Mesfin
3. Effective Date (07-August-2008): 20-January-2012

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

Corresponding Author's Name: Khaled Kebaish

5. Manuscript Title: Clinical results and functional outcome in adult patients after treatment for spinal deformity: primary versus revision surgery."

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3. Employment	☑	☐	☐			×
						ADD
4. Expert testimony	☑	☐	☐			×
						ADD
5. Grants/grants pending	☑	☐	☐			×
						ADD
6. Payment for lectures including service on speakers bureaus	☑	☐	☐			×
						ADD
7. Payment for manuscript preparation	☑	☐	☐			×

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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

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Section 1. Identifying Information

1. Given Name (First Name): Khaled
2. Surname (Last Name): Kebaish
3. Effective Date (07-August-2008): 08-March-2012

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

5. Manuscript Title: Clinical results and functional outcome in adult patients after treatment for spinal deformity: primary versus revision surgery

6. Manuscript Identifying Number (if you know it):

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1. Grant	☑	☐	☐			×
						ADD
2. Consulting fee or honorarium	☑	☐	☐			×
						ADD
3. Support for travel to meetings for the study or other purposes	☑	☐	☐			×
						ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	☑	☐	☐			×
						ADD
5. Payment for writing or reviewing the manuscript	☑	☐	☐			×
						ADD
6. Provision of writing assistance, medicines, equipment, or administrative support	☑	☐	☐			×

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						ADD
7. Other	☑	☐	☐			×
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1. Board membership	☑	☐	☐			×
						ADD
2. Consultancy	☐	☑	☑	Depuy Spine		×
2. Consultancy	☐	☑	☑	K2M		×
						ADD
3. Employment	☑	☐	☐			×
						ADD
4. Expert testimony	☑	☐	☐			×
						ADD
5. Grants/grants pending	☐	☐	☑	Depuy Spine		×
5. Grants/grants pending	☐	☐	☑	K2M		×
						ADD
6. Payment for lectures including service on speakers bureaus	☑	☐	☐			×

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						ADD
7. Payment for manuscript preparation	☑	☐	☐			×
						ADD
8. Patents (planned, pending or issued)	☑	☐	☐			×
						ADD
9. Royalties	☑	☐	☐			×
						ADD
10. Payment for development of educational presentations	☑	☐	☐			×
						ADD
11. Stock/stock options	☐	☑	☐	K2M		×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	☐	☑	☐	Depuy Spine		×
						ADD
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Section 1. Identifying Information

1. Given Name (First Name): Amit
2. Surname (Last Name): Jain
3. Effective Date (07-August-2008): 20-January-2012

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

Corresponding Author's Name

5. Manuscript Title: Clinical results and functional outcome in adult patients after treatment for spinal deformity: primary versus revision surgery.

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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

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Type	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other	☑	☐	☐			×
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						ADD
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						ADD
3. Employment	☑	☐	☐			×
						ADD
4. Expert testimony	☑	☐	☐			×
						ADD
5. Grants/grants pending	☑	☐	☐			×
						ADD
6. Payment for lectures including service on speakers bureaus	☑	☐	☐			×
						ADD
7. Payment for manuscript preparation	☑	☐	☐			×

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						ADD
8. Patents (planned, pending or issued)	☑	☐	☐			×
						ADD
9. Royalties	☑	☐	☐			×
						ADD
10. Payment for development of educational presentations	☑	☐	☐			×
						ADD
11. Stock/stock options	☑	☐	☐			×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	☑	☐	☐			×
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13. Other (err on the side of full disclosure)	☑	☐	☐			×
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name): Mostafa
2. Surname (Last Name): El Dafrawy
3. Effective Date (07-August-2008): 20-January-2012

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

Corresponding Author's Name: Khaled Kebaish, M.D

5. Manuscript Title: Clinical results and functional outcome in adult patients after treatment for spinal deformity: primary versus revision surgery

6. Manuscript Identifying Number (if you know it):

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						ADD
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						ADD
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						ADD
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11. Stock/stock options	☑	☐	☐			×
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12. Travel/accommodations/ meeting expenses unrelated to activities listed**	☑	☐	☐			×
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