

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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Tyler

2. Surname (Last Name)
Cole

3. Date
20-January-2014

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
John Ratliff

5. Manuscript Title

The use of bone morphogenetic protein in cervical spine procedures: Analysis of the MarketScan longitudinal database

6. Manuscript Identifying Number (if you know it)

JBJS-D-13-01016R2

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Cole has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)

Anand

2. Surname (Last Name)

Veeravagu

3. Date

20-January-2014

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

John Ratliff

5. Manuscript Title

The use of bone morphogenetic protein in cervical spine procedures: Analysis of the MarketScan longitudinal database

6. Manuscript Identifying Number (if you know it)

JBJS-D-13-01016R2

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1. Given Name (First Name)
John

2. Surname (Last Name)
Ratliff

3. Date
20-January-2014

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

5. Manuscript Title
The use of bone morphogenetic protein in cervical spine procedures: Analysis of the MarketScan longitudinal database

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Bowen

2. Surname (Last Name)
Jiang

3. Date
20-January-2014

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☐ Yes ☒ No

Corresponding Author's Name
John Ratliff

5. Manuscript Title

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