

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Donald

2. Surname (Last Name)
Gore

3. Date
21-September-2015

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Mei Wang

5. Manuscript Title
Radiographic changes in the cervical spine following anterior fusion: A long-term analysis of 166 patients

6. Manuscript Identifying Number (if you know it)

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Dr. Gore has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Raj

2. Surname (Last Name)
Rao

3. Date
21-September-2015

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Mei Wang

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)

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Dr. Rao has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Brandon

2. Surname (Last Name)
Rebholz

3. Date
21-September-2015

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Mei Wang

5. Manuscript Title
Radiographic changes in the cervical spine following anterior fusion: A long-term analysis of 166 patients

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name) Shu-Jie	2. Surname (Last Name) Tang	3. Date 21-September-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Mei Wang
5. Manuscript Title Radiographic changes in the cervical spine following anterior fusion: A long-term analysis of 166 patients		
6. Manuscript Identifying Number (if you know it) 		

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Section 1. Identifying Information

1. Given Name (First Name)

Mei

2. Surname (Last Name)

Wang

3. Date

21-September-2015

4. Are you the corresponding author?

☒ Yes

☐ No

5. Manuscript Title

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

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Section 1. Identifying Information

1. Given Name (First Name)
Narayan

2. Surname (Last Name)
Yoganandan

3. Date
21-September-2015

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Mei Wang

5. Manuscript Title
Radiographic changes in the cervical spine following anterior fusion: A long-term analysis of 166 patients

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 (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.)?

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Dr. Yoganandan has nothing to disclose.

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