

#### **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.

# Identifying information.

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# 4. Intellectual Property.

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



| Section 1. Identifying Inform  | nation   |                                       |   |
|--|--|---------------------------------------|---|
| Given Name (First Name)  Patrick   | 2. Surname (Last Name)<br>Cahill   |                                       | 3. Date<br>11-November-2015   |
| 4. Are you the corresponding author?   | ☐ Yes ✓ No   | Corresponding Auth<br>Amer F. Samdani | nor's Name  |
| 5. Manuscript Title<br>Significant Intraoperative Neuromonito<br>Are the Outcomes of Surgery?  | oring Alerts in Patients Ur  | ndergoing Fusion for <i>I</i>         | Adolescent Idiopathic Scoliosis: What   |
| 6. Manuscript Identifying Number (if you ki  | now it)  |                                       |   |
|  |  |                                       |   |
|  |  |                                       |   |
| Section 2. The Work Under C  | onsideration for Publ  | lication                              |   |
| any aspect of the submitted work (including<br>statistical analysis, etc.)?<br>Are there any relevant conflicts of inter-<br>If yes, please fill out the appropriate info  | g but not limited to grants, onest? Yes No ormation below. If you have   | data monitoring board, s              | nent, commercial, private foundation, etc.) for study design, manuscript preparation, tity press the "ADD" button to add a row.     |
| Excess rows can be removed by pressin  |  | on-Financial                          |   |
| Name of Institution/Company  | Grant'   | Support?                              | Comments  |
| Setting Scoliosis Straight Foundation  | <b>✓</b>   |                                       | Grant from DePuy Synthes Spine to<br>the Setting Scoliosis Straight<br>Foundation in support of the Harms<br>Study Group's research |
|  |  |                                       |   |
|  |  |                                       |   |
| Section 3. Relevant financial  | activities outside the   | submitted work.                       |   |
| of compensation) with entities as descr<br>clicking the "Add +" box. You should re   | ibed in the instructions. Uport relations were trained to the training that were training to the training to the training to the training training to the training tr | Jse one line for each e               | ncial relationships (regardless of amount entity; add as many lines as you need by the <b>36 months prior to publication</b> .      |
| Are there any relevant conflicts of interest of the second section of the second secon |  |                                       |   |
| Name of Entity   | Grant•   | on-Financial Support?                 | Comments  |
| DePuy Synthes Spine:   |  |                                       | Other financial or material support   |



| Name of Entity   | Grant?      | Personal<br>Fees? | Non-Financial Support? | Other?     | Comments  |  |  |
|--|-------------|-------------------|------------------------|------------|---|--|--|
| DePuy, A Johnson & Johnson Company:  |             | <b>✓</b>          |                        |            | Paid consultant; Paid presenter or speaker  |  |  |
| Ellipse Technologies, Inc.   |             | <b>/</b>          |                        |            | Paid consultant; Paid presenter or speaker  |  |  |
| Globus Medical   |             | <b>√</b>          |                        |            | Paid presenter or speaker   |  |  |
| Medtronic  |             | <b>✓</b>          |                        | <b>√</b>   | Other financial or material support;<br>Paid consultant; Paid presenter or<br>speaker |  |  |
|  |             |                   |                        |            |   |  |  |
| Section 4. Intellectual Property Patents & Copyrights  |             |                   |                        |            |   |  |  |
| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo  |             |                   |                        |            |   |  |  |
| Section 5. Relationships not covered above   |             |                   |                        |            |   |  |  |
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| ✓ Yes, the following relationships/cond  | litions/cir | cumstance         | s are present (exp     | olain belo | w):   |  |  |
| No other relationships/conditions/circumstances that present a potential conflict of interest  |             |                   |                        |            |   |  |  |
| AAOS: Board or committee member Journal of Bone and Joint Surgery - American: Editorial or governing board Pediatric Orthopaedic Society of North America: Board or committee member Scoliosis Research Society: Board or committee member Spine Deformity: Editorial or governing board |             |                   |                        |            |   |  |  |

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

#### Section 6.

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Dr. Cahill reports grants from Setting Scoliosis Straight Foundation, during the conduct of the study; other from DePuy Synthes Spine: , personal fees from DePuy, A Johnson & Johnson Company:, personal fees from Ellipse Technologies, Inc., personal fees from Globus Medical, personal fees and other from Medtronic, outside the submitted work; and AAOS: Board or committee member

Journal of Bone and Joint Surgery - American: Editorial or governing board Pediatric Orthopaedic Society of North America: Board or committee member Scoliosis Research Society: Board or committee member Spine Deformity: Editorial or governing board.

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Orlando 1



| Section 1. Identify  | ying Information                                      |  |   |            |   |      |
|--|---|--|---|------------|---|------|
| 1. Given Name (First Name)<br>Giuseppe   | 2. Surnar<br>Orlando                                  | me (Last Name)   |   |            | 3. Date<br>11-November-2015   |      |
| 4. Are you the corresponding   | author? Yes   | Yes ✓ No Corresponding Author's Name Amer F. Samdani   |   |            |   |      |
| 5. Manuscript Title<br>Significant Intraoperative N<br>Are the Outcomes of Surge             |   | s in Patients Ui   | ndergoing Fus                           | ion for Ac | dolescent Idiopathic Scoliosis: Wha   | at   |
| 6. Manuscript Identifying Nur  | nber (if you know it)                                 |  |   |            |   |      |
|  |   |  |   |            |   |      |
| Section 2. The Wo  | rk Under Considera                                    | tion for Pub   | lication                                |            |   |      |
| any aspect of the submitted w<br>statistical analysis, etc.)?<br>Are there any relevant conf | rork (including but not limflicts of interest?        | nited to grants, of the second | data monitoring                         | board, stu | ent, commercial, private foundation, end design, manuscript preparation, end design, manuscript preparation, end design, manuscript preparation, end design with the manuscript press the "ADD" button to add a |      |
|  | 2   |  | on-Financial                            | -          |   |      |
| Name of Institution/Comp   | oany Grant •  | Fees?  | Support?                                | Other      | Comments  |      |
| DePuy Synthes Spine  | <b>✓</b>  |  |   |            | Research grant from DePuy Synthes<br>Spine to the Setting Scoliosis Straight<br>Foundation for the Harms Study<br>Group   |      |
|  |   |  |   |            |   |      |
| Section 3. Relevan   | nt financial activities                               | s outside the  | e submitted v                           | work.      |   |      |
| of compensation) with enti<br>clicking the "Add +" box. Yo                                   | ities as described in the<br>ou should report relatio | instructions.<br>onships that w  | Use one line fo<br>ere <b>present d</b> | r each en  | ial relationships (regardless of amo<br>tity; add as many lines as you nee<br>• 36 months prior to publication  | d by |
| Are there any relevant conf  | licts of interest?                                    | Yes ✓ No   |   |            |   |      |
| Section 4. Intellect   | tual Property Pate                                    | ents & Copyr   | rights                                  |            |   |      |
| Do you have any patents, v   |   |  |   | nt to the  | work? Yes Vo  |      |

Orlando 2



| Section 5. Polationships not severed above   |
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| Relationships not covered above  |
| 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?  |
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| Given Name (First Name)  Baron   | 2. Surna<br>Lonner                         | me (Last Nar                          | ne)                    |                          | 3. Date<br>11-November-2015   |
| 4. Are you the corresponding author?   | Yes  | ✓ No                                  | Correspon<br>Amer F. S |                          | or's Name   |
| 5. Manuscript Title<br>Significant Intraoperative Neuromonito<br>Are the Outcomes of Surgery?  | ring Alert                                 | s in Patients                         | s Undergoing Fu        | sion for A               | dolescent Idiopathic Scoliosis: What  |
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|  |  |                                       |                        |                          |   |
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| Did you or your institution <b>at any time</b> received any aspect of the submitted work (including statistical analysis, etc.)?   |  |                                       |                        |                          | ent, commercial, private foundation, etc.) for udy design, manuscript preparation,                                      |
| Are there any relevant conflicts of interes  | est? ✓                                     | Yes                                   | No                     |                          |   |
| If yes, please fill out the appropriate info<br>Excess rows can be removed by pressing   |  |                                       | u have more thar       | n one enti               | ity press the "ADD" button to add a row.  |
| Name of Institution/Company  | Grant?                                     | Personal Fees?                        | Non-Financial Support? | Other?                   | Comments  |
| Setting Scoliosis Straight Foundation  | <b>✓</b>                                   |                                       |                        |                          | Grant from DePuy Spine to Setting<br>Scoliosis Straight Foundation in<br>support of the Harms Study Group's<br>research |
|  |  |                                       |                        |                          |   |
| Section 3. Relevant financial  | activitie                                  | s outside 1                           | the submitted          | work.                    |   |
| Place a check in the appropriate boxes i<br>of compensation) with entities as descri<br>clicking the "Add +" box. You should rep<br>Are there any relevant conflicts of intere<br>If yes, please fill out the appropriate info | n the tabl<br>bed in the<br>bort relations | e to indicate instruction onships tha | e whether you ha       | ave financ<br>or each er | ntity; add as many lines as you need by   |
|  |  |                                       |                        |                          |   |
| Name of Entity   | Grant?                                     | Personal<br>Fees?                     | Non-Financial Support? | Other?                   | Comments  |
| Spine Search   |  | <b>✓</b>                              |                        |                          | Board of Directors (no value), Stock/<br>stock options  |



| Name of Entity  | Grant?      | Personal Fees? | Non-Financial Support? | Other?     | Comments  |  |
|---|-------------|----------------|------------------------|------------|---|--|
| Depuy Synthes   |             | <b>√</b>       |                        |            | Scientific Advisory Board (no value),<br>Consultancy, Speaker's Bureau and<br>Royalties                                 |  |
| SRS Spinal Deformity Journal  |             |                | $\checkmark$           |            | Editorial Board   |  |
| Mount Sinai Beth Israel   |             | $\checkmark$   |                        |            | Employment  |  |
| Setting Scoliosis Straight Foundation   | <b>✓</b>    |                |                        |            | Grant from DePuy Spine to Setting<br>Scoliosis Straight Foundation in<br>support of the Harms Study Group's<br>research |  |
| AO Spine  | ✓           |                |                        |            |   |  |
| John and Marcella Fox Fund  | ✓           |                |                        |            |   |  |
| OREF  | ✓           |                |                        |            |   |  |
| K2M   |             | $\checkmark$   |                        |            | Speaker's Bureau  |  |
| Paradigm Spine  |             | <b>✓</b>       |                        |            | Stock/stock options   |  |
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Asghar 1



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|---|--|--|--|--------------|---|------|
| 1. Given Name (Fi<br>Jahangir   | rst Name)  | 2. Surname (Last I<br>Asghar                         | Name)  |              | 3. Date<br>22-March-2016  |      |
| 4. Are you the cor  | responding author?   | Yes ✓ No Corresponding Author's Name Amer F. Samdani |  |              |   |      |
| 5. Manuscript Title<br>Significant Intrac<br>are the Outcome                                | operative Neuromonito  | ring Alerts in Patie                                 | nts Undergoing Fus                                   | sion for Ad  | olescent Idiopathic Scoliosis: Wha  | t    |
| 6. Manuscript Idei<br>JBJS-D-15-01379   | ntifying Number (if you kn<br>PR1                                | ow it)   |  |              |   |      |
|   | ı  |  |  |              |   |      |
| Section 2.  | The Work Under Co  | onsideration for                                     | Publication  |              |   |      |
| any aspect of the s<br>statistical analysis,<br>Are there any rel<br>If yes, please fill of | submitted work (including<br>etc.)?<br>evant conflicts of intere | but not limited to gest? Yes commation below. If     | rants, data monitoring                               | g board, stu | nt, commercial, private foundation, etc<br>dy design, manuscript preparation,<br>y press the "ADD" button to add a        |      |
| Name of Institut  | tion/Company   | Grant? Person  | , ,  | Other?       | Comments  |      |
| DePuy Synthes Spine   | 2  | <b>✓</b>   |  |              | Research support from DePuy<br>Synthes Spine to the Setting Scoliosis<br>Straight Foundation for the Harms<br>Study Group |      |
|   |  |  |  |              |   |      |
| Section 3.  | Relevant financial   | activities outsid                                    | le the submitted                                     | work.        |   |      |
| of compensation clicking the "Add   | n) with entities as descri<br>d +" box. You should rep           | bed in the instruct<br>oort relationships t          | ions. Use one line for<br>that were <b>present d</b> | or each ent  | al relationships (regardless of amo<br>iity; add as many lines as you need<br><b>36 months prior to publication</b> .     | d by |
| Are there any rel   | evant conflicts of intere  | st? Yes .  | ∕ No   |              |   |      |
| Section 4.  | Intellectual Proper  | ty Patents & C                                       | Copyrights   |              |   |      |
| Do you have any   | patents, whether planr   |  |  | ant to the w | vork? Yes V No  |      |

Asghar 2



| Section 5. Polationships not sovered above   |
|--|
| Relationships not covered above  |
| 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?  |
| Yes, the following relationships/conditions/circumstances are present (explain below):   |
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| Section 6. Disclosure Statement  |
| Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.  |
| Dr. Asghar reports grants from DePuy Synthes Spine, during the conduct of the study; personal fees from DePuy Synthes Spine, outside the submitted work; .   |

## **Evaluation and Feedback**

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Asghar 3



#### **Instructions**

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Ames 1



| Section 1. Identifying Info  | ormation                         |   |  |
|--|----------------------------------|---|--|
| 1. Given Name (First Name)<br>Robert   | 2. Surname (Last Name)<br>Ames   |   | 3. Date<br>24-November-2015  |
| 4. Are you the corresponding author?   | ☐ Yes ✓ No                       | Corresponding Author's<br>Amer F. Samdani | Name   |
| <ol><li>Manuscript Title</li><li>Significant Intraoperative Neuromo</li><li>Are the Outcomes of Surgery?</li></ol> | nitoring Alerts in Patients Und  | ergoing Fusion for Adol                   | escent Idiopathic Scoliosis: What  |
| 6. Manuscript Identifying Number (if yo  | ou know it)                      | -   |  |
|  |                                  |   |  |
| Section 2. The Work Under  | er Consideration for Public      | ation                                     |  |
| Did you or your institution <b>at any time</b> any aspect of the submitted work (inclustatistical analysis, etc.)? |                                  |   | commercial, private foundation, etc.) for design, manuscript preparation,                              |
| Are there any relevant conflicts of in   |                                  |   | overs the "ADD" button to add a very   |
| Excess rows can be removed by pre  | •                                | e more than one entity p                  | press the "ADD" button to add a row.   |
| Name of Institution/Company  | Grant                            | -Financial Other?                         | Comments   |
| DePuy Synthes Spine  | <b>V</b>                         | Sco                                       | search grant to the Setting<br>oliosis Straight Foundation for the<br>Irms Study Group                 |
|  |                                  |   |  |
| Section 3. Relevant finance  | cial activities outside the s    | ubmitted work.                            |  |
|  | escribed in the instructions. Us | e one line for each entit                 | relationships (regardless of amount y; add as many lines as you need by 6 months prior to publication. |
| Are there any relevant conflicts of ir   | nterest? Yes Vo                  |   |  |
|  |                                  |   |  |
| Section 4. Intellectual Pro  | perty Patents & Copyrig          | hts                                       |  |
| Do you have any patents, whether p   | planned, pending or issued, br   | oadly relevant to the wo                  | ork?   |

Ames 2



| Section 5. Polationships not severed above   |
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| Relationships not covered above  |
| 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?  |
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| Dr. Ames reports grants from DePuy Synthes Spine, during the conduct of the study; .   |

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

Bennett 1



| Section 1.  | Identifying Inform                                    | nation  |  |
|---|---|---|--|
| 1. Given Name (Fi<br>James                                  | rst Name)   | 2. Surname (Last Name)<br>Bennett                           | 3. Date<br>10-November-2015  |
| 4. Are you the cor  | responding author?                                    | Yes ✓ No  | Corresponding Author's Name<br>Amer F. Samdani   |
| 5. Manuscript Title<br>Significant Intrac<br>Are the Outcom | operative Neuromonito                                 | oring Alerts in Patients Unc                                | lergoing Fusion for Adolescent Idiopathic Scoliosis: What  |
| 6. Manuscript Ide   | ntifying Number (if you kr                            | now it)   |  |
|   |   |   |  |
| Section 2.  | The Work Under Co                                     | onsideration for Public                                     | ation  |
| any aspect of the s<br>statistical analysis,                | submitted work (including                             | but not limited to grants, da                               | a third party (government, commercial, private foundation, etc.) for<br>ta monitoring board, study design, manuscript preparation,   |
| Section 3.  |   |   |  |
| Place a check in of compensation clicking the "Add          | the appropriate boxes i<br>n) with entities as descri | ibed in the instructions. Us<br>port relationships that wer | ether you have financial relationships (regardless of amount e one line for each entity; add as many lines as you need by e present during the 36 months prior to publication. |
| Section 4.  | Intellectual Proper                                   | rty Patents & Copyrig                                       | ıhts   |
| Do you have any   |   |   | oadly relevant to the work? Yes V No   |

Bennett 2



| Section 5. Relationships not covered above   |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| 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?  |  |  |  |  |  |  |  |
| Yes, the following relationships/conditions/circumstances are present (explain below):   |  |  |  |  |  |  |  |
| ✓ No other relationships/conditions/circumstances that present a potential conflict of interest  |  |  |  |  |  |  |  |
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| Section 6. Disclosure Statement  |  |  |  |  |  |  |  |
| Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.  |  |  |  |  |  |  |  |
| Dr. Bennett has nothing to disclose.   |  |  |  |  |  |  |  |

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| Section 1. Identi  | ifying Inform     | ation            |                   |                        |  |  |  |  |
|--|-------------------|------------------|-------------------|------------------------|--|--|--|--|
| 1. Given Name (First Name)<br>Randal   | )                 | 2. Surna<br>Betz | me (Last Nar      | ne)                    |  | 3. Date<br>17-November-2015  |  |  |
| 4. Are you the corresponding   | ng author?        | Yes              | ✓ No              |                        | Corresponding Author's Name<br>Amer F. Samdani |  |  |  |
| 5. Manuscript Title<br>Significant Intraoperative<br>Are the Outcomes of Sur |                   | ring Alert       | s in Patients     | s Undergoing Fu        | sion for A                                     | dolescent Idiopathic Scoliosis: What   |  |  |
| 6. Manuscript Identifying N  | lumber (if you kn | ow it)           |                   |                        |  |  |  |  |
|  |                   |                  |                   |                        |  |  |  |  |
| Section 2  |                   |                  |                   |                        |  |  |  |  |
| Section 2. The W   | ork Under Co      | onsidera         | tion for P        | ublication             |  |  |  |  |
| any aspect of the submitted statistical analysis, etc.)?                     | l work (including | but not lin      | nited to gran     | ts, data monitoring    |  | ent, commercial, private foundation, etc.) for<br>oudy design, manuscript preparation,                             |  |  |
| Are there any relevant co  |                   |                  |                   | No<br>u have more thar | one enti                                       | ity press the "ADD" button to add a row.   |  |  |
| Excess rows can be remo  |                   |                  |                   | a nave more than       | TOTIC CITE                                     | ny press the 1100 button to dud d 10w  |  |  |
| Name of Institution/Con  | npany             | Grant?           | Personal<br>Fees? | Non-Financial Support? | Other?   | Comments   |  |  |
| Setting Scoliosis Straight Foun  | ndation           | <b>✓</b>         |                   |                        |  | Grant from DePuy Synthes Spine to<br>the Setting Scoliosis Straight<br>Foundation for the Harms Study<br>Group     |  |  |
|  |                   |                  |                   |                        |  |  |  |  |
|  |                   |                  |                   |                        |  |  |  |  |
| Section 3. Releva  | ant financial     | activitie        | s outside t       | the submitted          | work.  |  |  |  |
| of compensation) with er   | ntities as descri | bed in the       | e instruction     | ns. Use one line fo    | or each ei                                     | cial relationships (regardless of amount ntity; add as many lines as you need by e 36 months prior to publication. |  |  |
| Are there any relevant co  |                   |                  |                   | No                     |  |  |  |  |
| If yes, please fill out the a  | ppropriate info   | rmation k        | elow.             |                        |  |  |  |  |
| Name of Entity   |                   | Grant?           | Personal<br>Fees  | Non-Financial Support? | Other?   | Comments   |  |  |
| Advanced Vertebral Solutions   |                   |                  |                   |                        | <b>✓</b>                                       | Unpaid consultant, stocks/options  |  |  |
| \piFix   |                   |                  | <b>✓</b>          |                        |  | Consultant   |  |  |



| Name of Entity  | Grant? | Personal Fees? | Non-Financial Support? | Other?   | Comments                                |  |
|---|--------|----------------|------------------------|----------|---|--|
| DePuy Synthes Spine   |        | <b>✓</b>       |                        |          | Consultant, speakers' bureau, royalties |  |
| Globus Medical  |        | $\checkmark$   |                        |          | Consultant                              |  |
| Medtronic   |        | $\checkmark$   |                        |          | Consultant, royalties                   |  |
| MiMedx  |        |                |                        | ✓        | Stocks/options                          |  |
| Orthobond   |        |                |                        | ✓        | Unpaid consultant, stocks/options       |  |
| Abyrx   |        | <b>✓</b>       |                        | ✓        | Consultant, stocks/options              |  |
| SpineGuard  |        | $\checkmark$   |                        | <b>✓</b> | Consultant, stocks/options              |  |
| Medovex   |        |                |                        | ✓        | Stocks/options                          |  |
| Zimmer Biomet   |        | $\checkmark$   |                        |          | Consultant                              |  |
| Section 4.  Intellectual Property Patents & Copyrights  Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo   |        |                |                        |          |   |  |
| Section 5. Relationships not covered above  |        |                |                        |          |   |  |
| 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?   |        |                |                        |          |   |  |
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### Section 6.

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Dr. Betz reports grants from Setting Scoliosis Straight Foundation, during the conduct of the study; other from Advanced Vertebral Solutions, personal fees from ApiFix, personal fees from DePuy Synthes Spine, personal fees from Globus Medical, personal fees from Medtronic, other from MiMedx, other from Orthobond, personal fees and other from Abyrx, personal fees and other from SpineGuard, other from Medovex, personal fees from Zimmer Biomet, outside the submitted work;

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| Section 1.                          | Identifying Inform   | ation                        |              |                                       |           |  |  |  |  |  |
|-------------------------------------|--|------------------------------|--------------|---------------------------------------|-----------|--|--|--|--|--|
| 1. Given Name (Fi<br>Ronald A.      | rst Name)  | 2. Surname (I<br>Lehman, Jr. | _ast Name)   | 3. Date<br>24-November-2015           |           |  |  |  |  |  |
| 4. Are you the cor                  | responding author?   | Yes                          | / No         | Correspond<br>Amer F. Sa              | or's Name |  |  |  |  |  |
| Significant Intra<br>Are the Outcom | 5. Manuscript Title Significant Intraoperative Neuromonitoring Alerts in Patients Undergoing Fusion for Adolescent Idiopathic Scoliosis: What Are the Outcomes of Surgery? |                              |              |                                       |           |  |  |  |  |  |
| 6. Manuscript Ide                   | ntifying Number (if you kr   | ow it)                       |              |                                       |           |  |  |  |  |  |
|                                     |  |                              |              |                                       |           |  |  |  |  |  |
| Section 2.                          | The Work Under Co  | onsideration                 | for Publi    | cation                                |           |  |  |  |  |  |
| , ,                                 | submitted work (including  |                              |              |                                       | _         | ent, commercial, private foundation, etc.) for udy design, manuscript preparation,   |  |  |  |  |
| <del>-</del>                        | evant conflicts of intere  | est? 🗸 Yes                   | No           |                                       |           |  |  |  |  |  |
|                                     | out the appropriate info   |                              | •            | ve more than                          | one enti  | ty press the "ADD" button to add a row.  |  |  |  |  |
| Name of Institut                    |  | Grant? Pe                    | rsonal No    | n-Financial<br>Support <mark>?</mark> | Other?    | Comments   |  |  |  |  |
| DePuy Synthes Spine                 | 3  | <b>✓</b>                     |              |                                       |           | Grant to the Setting Scoliosis Straight<br>Foundation for the Harms Study<br>Group   |  |  |  |  |
|                                     |  |                              |              |                                       |           |  |  |  |  |  |
| Section 3.                          | Relevant financial   | activities ou                | tside the    | submitted <b>v</b>                    | work.     |  |  |  |  |  |
| of compensation                     | n) with entities as descri   | bed in the ins               | tructions. U | se one line fo                        | r each er | cial relationships (regardless of amount ntity; add as many lines as you need by a <b>36 months prior to publication</b> . |  |  |  |  |
| •                                   | evant conflicts of intere  |                              | No           |                                       |           |  |  |  |  |  |
| If yes, please fill o               | out the appropriate info   | ormation below               | N.           |                                       |           |  |  |  |  |  |
| Name of Entity                      |  | Grant                        |              | n-Financial<br>Support                | Other?    | Comments   |  |  |  |  |
| ippincott Williams 8                | Wilkins  |                              | <b>✓</b>     |                                       |           | Royalities   |  |  |  |  |
| Medtronic                           |  |                              | <b>✓</b>     |                                       |           | Consultant and Speaker's Bureau  |  |  |  |  |



| Name of Entity  | Grant?      | Personal Fees? | Non-Financial Support? | Other?     | Comments                           |  |
|---|-------------|----------------|------------------------|------------|------------------------------------|--|
| Stryker   |             | <b>✓</b>       |                        |            | Speaker's Bureau                   |  |
| DePuy Synthes Spine   |             | $\checkmark$   |                        |            | Speaker's Bureau                   |  |
| PRORP (Department of Defense Peer Reviewed<br>Orthopaedic Research Program)   | <b>✓</b>    |                |                        |            | Paid directly to institution       |  |
| DMRDP (Defense Medical Research and<br>Development Program)   | <b>✓</b>    |                |                        |            | Paid directly to institution       |  |
| Section 4. Intellectual Propert  Do you have any patents, whether plann   | •           | •              |                        | nt to the  | work? ☐ Yes 🗸 No                   |  |
| Section 5. Relationships not c  | overed      | above          |                        |            |                                    |  |
| Are there other relationships or activities potentially influencing, what you wrote i   |             |                |                        | nfluence   | d, or that give the appearance of  |  |
| Yes, the following relationships/cond   | litions/cii | rcumstance     | s are present (exp     | olain belo | w):                                |  |
| ✓ No other relationships/conditions/cir   | cumstan     | ces that pre   | esent a potential o    | conflict o | finterest                          |  |
| At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships. |             |                |                        |            |                                    |  |
| Section 6. Disclosure Stateme   | nt          |                |                        |            |                                    |  |
| Based on the above disclosures, this form below.  |             | omatically (   | generate a disclos     | sure state | ment, which will appear in the box |  |
| Dr. Lehman, Jr. reports personal fees from<br>Stryker, personal fees from DePuy Synth<br>Research Program), grants from DMRDP<br>work;  | es Spine,   | grants from    | n PRORP (Departr       | ment of D  | efense Peer Reviewed Orthopaedic   |  |



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## 3. Relevant financial activities outside the submitted work.

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

Miyanji 1



| Section 1. Identifying Infor  | rmation  |  |
|---|--|--|
| 1. Given Name (First Name)<br>Firoz   | 2. Surname (Last Nam<br>Miyanji  | ne) 3. Date<br>18-November-2015  |
| 4. Are you the corresponding author?  | ☐ Yes    ✓ No  | Corresponding Author's Name<br>Amer F. Samdani   |
| 5. Manuscript Title<br>Significant Intraoperative Neuromoni<br>Are the Outcomes of Surgery?                           | itoring Alerts in Patients   | Undergoing Fusion for Adolescent Idiopathic Scoliosis: What  |
| 6. Manuscript Identifying Number (if you  | know it)   |  |
|   |  |  |
|   |  |  |
| Section 2. The Work Under   | Consideration for Pu   | ublication   |
| any aspect of the submitted work (includi<br>statistical analysis, etc.)?<br>Are there any relevant conflicts of inte | ng but not limited to gran<br>erest?  Yes  1<br>nformation below. If you | from a third party (government, commercial, private foundation, etc.) for ts, data monitoring board, study design, manuscript preparation,  No  u have more than one entity press the "ADD" button to add a row. |
| Name of Institution/Company   | Grant? Personal Fees?  | Non-Financial Other? Comments  |
| DePuy Synthes Spine   | <b>V</b>   | Research grant from DePuy Synthes Spine to the Setting Scoliosis Straight Foundation for the Harms Study Group   |
|   |  |  |
|   |  |  |
| Section 3. Relevant financia  | al activities outside t  | he submitted work.   |
| of compensation) with entities as des   | cribed in the instruction  | e whether you have financial relationships (regardless of amount as. Use one line for each entity; add as many lines as you need by twere <b>present during the 36 months prior to publication</b> .             |
| Are there any relevant conflicts of inte  |  | No   |
| If yes, please fill out the appropriate ir  | ntormation below.  |  |
| Name of Entity  | Grant? Personal Fees?  | Non-Financial Support? Comments  |
| Depuy Synthes Spine   |  | Consultancy  |

Miyanji 2



| Name of Entity  | Grant?     | Personal<br>Fees?      | Non-Financial Support? | Other?     | Comments   |
|---|------------|------------------------|------------------------|------------|--|
| Depuy Synthes Spine   |            | <b>✓</b>               |                        |            | Payment for development of educational presentations |
|   |            |                        |                        |            |  |
| Section 4. Intellectual Propert   | y Pate     | ents & Co <sub>l</sub> | pyrights               |            |  |
| Do you have any patents, whether plann  | ed, pend   | ing or issue           | ed, broadly releva     | nt to the  | work? Yes 🗸 No                                       |
|   |            |                        |                        |            |  |
| Section 5. Relationships not c  | overed     | above                  |                        |            |  |
| Are there other relationships or activities potentially influencing, what you wrote i |            |                        |                        | nfluence   | d, or that give the appearance of                    |
| Yes, the following relationships/cond   | itions/cir | cumstance              | es are present (exp    | olain belo | ow):   |
| ✓ No other relationships/conditions/cir   | cumstan    | ces that pre           | esent a potential      | conflict o | finterest  |
| At the time of manuscript acceptance, jo<br>On occasion, journals may ask authors to  |            |                        |                        |            | •  |
| Section 6. Disclosure Stateme   | nt         |                        |                        |            |  |
| Based on the above disclosures, this form below.                                      |            | omatically (           | generate a disclos     | sure state | ment, which will appear in the box                   |
| Dr. Miyanji reports grants from DePuy Sy<br>Spine, personal fees from Depuy Synthe    |            |                        |                        |            | personal fees from Depuy Synthes                     |
|   |            |                        |                        |            |  |

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Miyanji 3



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|--|--|--|-------------------|------------------------|-----------------------------|--|--|--|--|
| Section 1.                                   | Identifying Inform                                 | ation  |                   |                        |                             |  |  |  |  |
| 1. Given Name (Fi                            | rst Name)  | 2. Surnai<br>Newton                                      | me (Last Nar      | ne)                    | 3. Date<br>18-November-2015 |  |  |  |  |
| 4. Are you the cor                           | Yes  | Yes ✓ No Corresponding Author's Name Amer F. Samdani, MD |                   |                        |                             |  |  |  |  |
| Are the Outcome                              | perative Neuromonito                               |  | s in Patient:     | s Undergoing Fus       | ion for A                   | dolescent Idiopathic Scoliosis: What   |  |  |  |
| Section 2.                                   |  |  |                   |                        |                             |  |  |  |  |
| Section 2.                                   | The Work Under Co                                  | onsidera   | tion for P        | ublication             |                             |  |  |  |  |
| any aspect of the s<br>statistical analysis, | ubmitted work (including etc.)?                    | but not lin  | nited to gran     | nts, data monitoring   |                             | ent, commercial, private foundation, etc.) for udy design, manuscript preparation,   |  |  |  |
| •  | evant conflicts of intere                          |  |                   | No                     |                             | I A DOUBLE LA COLLEGE  |  |  |  |
|  | but the appropriate info<br>be removed by pressing |  |                   | u nave more tnan       | one enti                    | ty press the "ADD" button to add a row.  |  |  |  |
| Name of Institut                             | ion/Company  | Grant?   | Personal<br>Fees? | Non-Financial Support? | Other?                      | Comments   |  |  |  |
| Setting Scoliosis Strai                      | ght Foundation                                     | <b>✓</b>   |                   |                        |                             | Research grant from DePuy Synthes<br>Spine to SSSF in support of Harms<br>Study Group research                             |  |  |  |
|  |  |  |                   |                        |                             |  |  |  |  |
|  | l  |  |                   |                        |                             |  |  |  |  |
| Section 3.                                   | Relevant financial                                 | activities   | outside           | the submitted          | work.                       |  |  |  |  |
| of compensation                              | ) with entities as descri                          | bed in the   | instruction       | ns. Use one line fo    | or each er                  | cial relationships (regardless of amount ntity; add as many lines as you need by a <b>36 months prior to publication</b> . |  |  |  |
| •  | evant conflicts of intere                          |  |                   | No                     |                             |  |  |  |  |
| If yes, please fill o                        | out the appropriate info                           | rmation b  | elow.             |                        |                             |  |  |  |  |
| Name of Entity                               |  | Grant?   | Personal<br>Fees  | Non-Financial Support? | Other?                      | Comments   |  |  |  |
| POSNA  |  | <b>✓</b>   |                   |                        | <b>√</b>                    | Board membership (no compensation)   |  |  |  |
| Setting Scoliosis Strai                      | ght Foundation                                     | $\checkmark$   |                   |                        | <b>✓</b>                    | Board membership (no compensation)   |  |  |  |



| Name of Entity   | Grant                              | ? Personal Fees?               | Non-Financial Support? | Other?             | Comments  |     |
|--|------------------------------------|--------------------------------|------------------------|--------------------|---|-----|
| Rady Children's Specialists  |                                    |                                |                        | <b>✓</b>           | Board membership (no compensation)  |     |
| DePuy Synthes Spine  | <b>✓</b>                           | <b>✓</b>                       |                        |                    | Consultant, speakers bureau, royalties, payment for development of educational programs |     |
| Law firm of Carroll, Kelly, Trotter, Franze<br>McKenna   | en &                               | <b>✓</b>                       |                        |                    | Expert testimony  |     |
| Law firm of Smith, Haughey, Rice & Roe   | egge                               | <b>✓</b>                       |                        |                    | Expert testimony  |     |
| NIH  | ✓                                  |                                |                        |                    |   |     |
| OREF   | ✓                                  |                                |                        |                    |   |     |
| SRS  | <b>✓</b>                           |                                |                        | $\checkmark$       | Past Board membership (no compensation)   |     |
| EOS imaging  | <b>√</b>                           |                                |                        |                    |   |     |
| Thieme Publishing  |                                    | <b>✓</b>                       |                        |                    | Royalties   |     |
| NuVasive   |                                    |                                |                        | <b>✓</b>           | Stocks/options (past)   |     |
| Ethicon Endosurgery  |                                    | <b>✓</b>                       |                        |                    | Consultancy   |     |
| Electocore   |                                    |                                |                        | <b>✓</b>           | Stocks/options  |     |
| Cubist   |                                    | <b>✓</b>                       |                        |                    | Consultancy   |     |
| International Orthopedic Think Tank  |                                    |                                |                        | <b>✓</b>           | Board membership (no compensation)  |     |
| Orthopediatrics Institutional Support  |                                    |                                |                        | <b>✓</b>           | Research Support  |     |
| K2M  |                                    | <b>✓</b>                       |                        |                    | Consultancy, Royalties  |     |
| Do you have any patents, whether if yes, please fill out the appropriations rows can be removed by particular than the second se | er planned, per<br>ate informatior | nding or issue<br>below. If yo | ed, broadly releva     |                    | work? 🗸 Yes 🔲 No<br>ity press the "ADD" button to add a ro                              | ow. |
| Patent?  | Pending? Iss                       | ued? Licens                    | sed?Royalties?         | License            | ee? Comments  |     |
| Anchoring systems and methods for correcting spinal deformities (8540754)  |                                    |                                |                        | DePuy Syr<br>Spine | nthes   |     |
| Low profile spinal tethering systems (8123749)   |                                    | <b>✓</b>                       |                        | DePuy Spi          | ne, Inc.  |     |



| Patent?  | Pending? | Issued?      | Licensed? | Royalties? | Licensee?         | Comments |  |
|--|----------|--------------|-----------|------------|-------------------|----------|--|
| Screw placement guide (7981117)                            |          | ✓            |           |            | DePuy Spine, Inc. |          |  |
| Compressor for use in minimally invasive surgery (7189244) |          | $\checkmark$ |           |            | DePuy Spine, Inc. |          |  |

| A          |                                 |
|------------|---------------------------------|
| Section 5. | Dolationships not sovered above |
|            | Relationships not covered above |

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?

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

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

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

# Section 6. Disclosure Statement

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Dr. Newton reports grants from Setting Scoliosis Straight Foundation, during the conduct of the study; grants and other from POSNA, grants and other from Setting Scoliosis Straight Foundation, other from Rady Children's Specialists, grants and personal fees from DePuy Synthes Spine, personal fees from Law firm of Carroll, Kelly, Trotter, Franzen & McKenna, personal fees from Law firm of Smith, Haughey, Rice & Roegge, grants from NIH, grants from OREF, grants and other from SRS, grants from EOS imaging, personal fees from Thieme Publishing, other from NuVasive, personal fees from Ethicon Endosurgery, other from Electocore, personal fees from Cubist, other from International Orthopedic Think Tank, other from Orthopediatrics Institutional Support, personal fees from K2M, outside the submitted work; In addition, Dr. Newton has a patent Anchoring systems and methods for correcting spinal deformities (8540754) with royalties paid to DePuy Synthes Spine, a patent Low profile spinal tethering systems (8123749) issued to DePuy Spine, Inc., a patent Screw placement guide (7981117) issued to DePuy Spine, Inc., and a patent Compressor for use in minimally invasive surgery (7189244) issued to DePuy Spine, Inc.



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Pahys 1



| Section 1. Identifying Infor  | mation  |                                       |  |
|---|---|---------------------------------------|--|
| 1. Given Name (First Name)<br>Joshua  | 2. Surname (Last Name)<br>Pahys   |                                       | 3. Date<br>17-November-2015  |
| 4. Are you the corresponding author?  | ☐ Yes 🗸 No  | Corresponding Autl<br>Amer F. Samdani | hor's Name   |
| 5. Manuscript Title<br>Significant Intraoperative Neuromoni<br>Are the Outcomes of Surgery?                           | toring Alerts in Patients Un  | dergoing Fusion for <i>i</i>          | Adolescent Idiopathic Scoliosis: What  |
| 6. Manuscript Identifying Number (if you  | know it)  |                                       |  |
|   |   |                                       |  |
|   |   |                                       |  |
| Section 2. The Work Under   | Consideration for Publ  | ication                               |  |
| any aspect of the submitted work (includi<br>statistical analysis, etc.)?<br>Are there any relevant conflicts of inte | ng but not limited to grants, derest?  Yes  No<br>nformation below. If you ha | lata monitoring board, s              | ment, commercial, private foundation, etc.) for study design, manuscript preparation, atity press the "ADD" button to add a row. |
| Name of Institution/Company   | Grant? Personal No  | on-Financial<br>Support               | ? Comments   |
| Setting Scoliosis Straight Foundation   | <b>V</b>  |                                       | Grant from DePuy Synthes Spine to<br>the Setting Scoliosis Straight<br>Foundation for the Harms Study<br>Group                   |
|   |   |                                       |  |
|   |   |                                       |  |
| Section 3. Relevant financia  | al activities outside the   | submitted work.                       |  |
| of compensation) with entities as desclicking the "Add +" box. You should it  | cribed in the instructions. Ureport relationships that we                     | Jse one line for each o               | ncial relationships (regardless of amount<br>entity; add as many lines as you need by<br>he 36 months prior to publication.      |
| Are there any relevant conflicts of inte<br>If yes, please fill out the appropriate in                                |   |                                       |  |
| ii yes, piease iiii out tile appropriate ii   | inormation below.   |                                       |  |
| Name of Entity  | Grant   | on-Financial Other                    | ? Comments   |
| DePuy Synthes Spine   |   |                                       | Consultant   |

Pahys 2



| Section 4. Intellectual Property Patents & Copyrights  |
|--|
| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Volume  |
| Section 5. Relationships not covered above   |
| 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?  |
| Yes, the following relationships/conditions/circumstances are present (explain below):   |
| ✓ No other relationships/conditions/circumstances that present a potential conflict of interest  |
| At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships. |
| Section 6. Disclosure Statement  |
| Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.  |
| Dr. Pahys reports grants from Setting Scoliosis Straight Foundation, during the conduct of the study; personal fees from DePuy Synthes Spine, outside the submitted work; .  |

## **Evaluation and Feedback**

 $Please\ visit\ \underline{http://www.icmje.org/cgi-bin/feedback}\ to\ provide\ feedback\ on\ your\ experience\ with\ completing\ this\ form.$ 

Pahys 3



#### **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.

# Identifying information.

# 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".

### 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.

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# 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

# Relationships not covered above.

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



| Section 1. Identifying Inforn   | nation  |   |                          |  |
|---|---|---|--------------------------|--|
| Given Name (First Name)     Amer  | 2. Surname (Last N<br>Samdani                   | lame)   |                          | 3. Date<br>17-November-2015  |
| 4. Are you the corresponding author?  | ✓ Yes No  | )   |                          |  |
| 5. Manuscript Title<br>Significant Intraoperative Neuromonito<br>Are the Outcomes of Surgery?                                       | oring Alerts in Patie                           | nts Undergoing Fu                               | sion for A               | dolescent Idiopathic Scoliosis: What   |
| 6. Manuscript Identifying Number (if you ki   | now it)   |   |                          |  |
|   |   |   |                          |  |
| Section 2. The Work Under C   | onsideration for                                | Publication                                     |                          |  |
| Did you or your institution <b>at any time</b> rece<br>any aspect of the submitted work (including<br>statistical analysis, etc.)?  | eive payment or servi<br>g but not limited to g | ces from a third party<br>rants, data monitorin |                          |  |
| Are there any relevant conflicts of inter-<br>If yes, please fill out the appropriate infe<br>Excess rows can be removed by pressin | ormation below. If                              | No<br>you have more than                        | n one enti               | ty press the "ADD" button to add a row   |
| Name of Institution/Company   | Grant? Person                                   |   | Other?                   | Comments   |
| Setting Scoliosis Straight Foundation   | <b>V</b>  |   |                          | Grant from DePuy Synthes Spine to<br>the Setting Scoliosis Straight<br>Foundation for the Harms Study<br>Group |
|   |   |   |                          |  |
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| Name of Entity  | Grant? Person                                   |   | Other?                   | Comments   |
| DePuy Synthes Spine   |   |   |                          | Consultant   |
| Globus Medical  |   |   |                          | Consultant   |



| Name of Entity  | Grant•        | ersonal<br>ees?   | Non-Financial Support? | Other?     | Comments                           |   |  |
|---|---------------|-------------------|------------------------|------------|------------------------------------|---|--|
| Stryker   |               | <b>✓</b>          |                        |            | Consultant                         |   |  |
| Zimmer Biomet   |               | <b>✓</b>          |                        |            | Consultant                         |   |  |
|   |               |                   |                        |            |                                    |   |  |
| Section 4. Intellectual Propert   | y Patent      | s & Cop           | yrights                |            |                                    |   |  |
| Do you have any patents, whether plann  | ed, pending   | or issue          | d, broadly releva      | ant to the | work? Yes V No                     |   |  |
| Section 5. Relationships not c  | overed abo    | ove               |                        |            |                                    |   |  |
| 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?   |               |                   |                        |            |                                    |   |  |
| Yes, the following relationships/conditions/circumstances are present (explain below):  ✓ No other relationships/conditions/circumstances that present a potential conflict of interest   |               |                   |                        |            |                                    |   |  |
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| Section 6. Disclosure Stateme   | nt            |                   |                        |            |                                    |   |  |
| Based on the above disclosures, this form below.  | ı will automa | atically <u>c</u> | generate a disclo      | sure state | ment, which will appear in the box | ( |  |
| Dr. Samdani reports grants from Setting<br>DePuy Synthes Spine, personal fees from<br>outside the submitted work; .   |               |                   |                        |            |                                    | m |  |



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



| Section 1.   | ldentifying Inforn                                | nation                    |                         |  |   |     |  |  |
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| 4. Are you the cor   | responding author?                                | Yes ✓                     | ·                       | Corresponding Author's Name<br>Amer F. Samdani |   |     |  |  |
| 5. Manuscript Title<br>Significant Intra<br>Are the Outcom | operative Neuromonito                             | oring Alerts in Pa        | tients Undergoing Fu    | sion for Adolesce                              | ent Idiopathic Scoliosis: What  |     |  |  |
| 6. Manuscript Ide  | ntifying Number (if you k                         | now it)                   |                         |  |   |     |  |  |
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| Section 2.   |   |                           | <b>5</b> 111 - 11       |  |   |     |  |  |
|  | The Work Under C                                  |                           |                         | ,  |   |     |  |  |
|  | submitted work (including                         |                           |                         |  | mercial, private foundation, etc.)<br>ign, manuscript preparation,                              | for |  |  |
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| Name of Institut   | tion/Company                                      | Grant? Perso              |                         | Other Com                                      | ments   |     |  |  |
| Setting Scoliosis Stra                                     | ight Foundation                                   | <b>✓</b>                  |                         |  |   |     |  |  |
|  |   |                           |                         |  |   |     |  |  |
|  |   |                           |                         |  |   |     |  |  |
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| of compensation  | n) with entities as descr                         | ibed in the instru        | ıctions. Use one line f | or each entity; ac                             | tionships (regardless of amour<br>Id as many lines as you need b<br>onths prior to publication. |     |  |  |
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| Name of Entity   |   | Grant? Perso              |                         | Other Com                                      | ments   |     |  |  |
| Depuy Synthes  |   | <b>✓</b>                  |                         |  |   |     |  |  |
| Stryker  |   |                           |                         |  |   |     |  |  |
| K2M  |   | <b>✓</b>                  |                         |  |   |     |  |  |



| Name of Entity  | Grant? Personal Fees?  | Non-Financial Support? | Other?      | Comments                         |      |  |  |
|---|------------------------|------------------------|-------------|----------------------------------|------|--|--|
| Nuvasive  |                        |                        |             |                                  |      |  |  |
| Globus  |                        |                        |             |                                  |      |  |  |
| Section 4. Intellectual Brancut   |                        |                        |             |                                  |      |  |  |
| Intellectual Propert  | y Patents & Co         | pyrights               |             |                                  |      |  |  |
| Do you have any patents, whether plann  | ed, pending or issue   | ed, broadly releva     | nt to the v | vork? ☐ Yes ✓ No                 |      |  |  |
| Section 5. Relationships not c  | overed above           |                        |             |                                  |      |  |  |
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| Based on the above disclosures, this form below.  | ા will automatically ્ | generate a disclos     | sure stater | nent, which will appear in the b | оох  |  |  |
| Dr. Yaszay reports grants from Setting Sofees from Depuy Synthes, personal fees f personal fees from Globus, outside the s  | from Stryker, grants   |                        |             |                                  | onal |  |  |



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