

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)
Kristin

2. Surname (Last Name)
Archer

3. Date
12-March-2015

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Clinton J. Devin, MD

5. Manuscript Title
Diabetes predicts worse patient reported outcomes at two years following spine surgery

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name) Sheyan	2. Surname (Last Name) Armaghani	3. Date 12-March-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Clinton J. Devin, MD
5. Manuscript Title Diabetes predicts worse patient reported outcomes at two years following spine surgery		
6. Manuscript Identifying Number (if you know it) 		

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1. Given Name (First Name)
David

2. Surname (Last Name)
Demaio

3. Date
12-March-2015

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☐ Yes ☒ No

Corresponding Author's Name
Clinton J. Devin, MD

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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
National Institute of Arthritis and Musculoskeletal Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stryker Spine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Educational grant
DePuy Spine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Educational grant

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RenaClayton

2. Surname (Last Name)

Rolfe

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12-March-2015

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☒ No

Corresponding Author's Name

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