

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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Errico 1



| Section 1. | Identifying Inform | ation | | | |
|---|--------------------------------------|--|--|--|--|
| 1. Given Name (Fil Thomas | rst Name) | 2. Surname (Last Name) Errico | 3. Date 17-October-2014 | | |
| 4. Are you the cor | 4. Are you the corresponding author? | | Corresponding Author's Name Baron Lonner, MD | | |
| 5. Manuscript Title 24-Hour Antibiotic Prophylaxis is the Appropriate Standard in Spine Surgery in Which Drains are Utilized: A Prospective Randomized Study | | | | | |
| 6. Manuscript Ider JBJS-D-12-00782 | ntifying Number (if you kr PR2 | now it) | - | | |
| Section 2. | | | | | |
| | | onsideration for Public | | | |
| 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.)? | | | | | |
| Are there any relevant conflicts of interest? Yes V No | | | | | |
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| Section 3. | Relevant financial | activities outside the s | ubmitted work. | | |
| of compensation clicking the "Add | ı) with entities as descri | bed in the instructions. Us 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 . | | |
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| Coation A | | | | | |
| Section 4. | Intellectual Proper | ty Patents & Copyric | hts | | |
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Errico 2



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| Dr. Errico has nothing to disclose. |

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Andres 1



| Section 1. | Identifying Inform | nation | | | |
|---|-----------------------------------|--|---|--|--|
| 1. Given Name (Fi Tate | | 2. Surname (Last Name) Andres | 3. Date 03-October-2014 | | |
| 4. Are you the corresponding author? | | Yes ✓ No | Corresponding Author's Name Baron Lonner, MD | | |
| | | | ne Surgery in Which Drains are | | |
| 6. Manuscript Idea JBJS-D-12-00782 | ntifying Number (if you kr 2R2 | now it) | | | |
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| any aspect of the s statistical analysis, | ubmitted work (including | but not limited to grants, da | a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation, | | |
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| Section 4. | lotelle to de | D | d.c. | | |
| | Intellectual Proper | ty Patents & Copyri <u>c</u> | ints | | |
| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo | | | | | |

Andres 2



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Bendo 1



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| 1. Given Name (Fii John | rst Name) | 2. Surname (Last Name) Bendo | 3. Date 03-October-2014 |
| 4. Are you the corresponding author? | | Yes ✓ No | Corresponding Author's Name Baron Lonner, MD |
| | | | ne Surgery in Which Drains are |
| 6. Manuscript Ider JBJS-D-12-00782 | ntifying Number (if you kr R2 | now it) | |
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| Do you have any | • | | roadly relevant to the work? Yes V No |

Bendo 2



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Goldstein 1



| Section 1. Identifying Inform | ation | |
|---|--|--|
| 1. Given Name (First Name) Jeffrey | 2. Surname (Last Name) Goldstein | 3. Date 04-October-2014 |
| 4. Are you the corresponding author? | ☐ Yes ✓ No | Corresponding Author's Name Baron Lonner, MD |
| Manuscript Title 24-Hour Antibiotic Prophylaxis is the Ap Utilized: A Prospective Randomized Stu Manuscript Identifying Number (if you kn JBJS-D-12-00782R2 | dy | ne Surgery in Which Drains are |
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| Name of Entity | Grant? Personal Nor | n-Financial Other? Comments |
| Medtronic | | |
| (2M | | |
| Nuvasive | | |
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Goldstein 2



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| Dr. Goldstein reports personal fees from Medtronic, personal fees from K2M, personal fees from Nuvasive, outside the submitted work; . | | | | | |

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| Are there any relevant conflicts of interes | st?Ye | es 🗸 | No | | | |
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| Place a check in the appropriate boxes in of compensation) with entities as described clicking the "Add +" box. You should report there any relevant conflicts of interesting the series of the series | oed in the ir ort relation st? | nstructior ships tha es | ns. Use one line fo | r each en | itity; add as many lines as you need | |
| ii yes, piease iiii out the appropriate iiiio | illiation bei | Ovv. | | | | |
| Name of Entity | Grant? | Personal Fees | Non-Financial Support? | Other? | Comments | |
| Setting Scoliosis Straight Foundation | ✓ | | | | Grant from Depuy Synthes in support of the HARMS Study Group | |
| AO Spine | ✓ | | | | | |
| John and Marcella Fox Fund | \checkmark | | | | | |
| OREF | ✓ | | | | | |
| Depuy Synthes | | ✓ | | | Consultant; Scientific Advisory Board (no value); Speaker's Bureau; Royalties | |
| K2M | | \checkmark | | | Speaker's Bureau | |



| Name of Entity | Grant? Personal Fees? | Non-Financial Support? | Other? Comme | nts |
|---|---|--|--|-------------------------------|
| Spine Search | | | Board of Di | rectors (no value); Stocks |
| Paradigm Spine | ✓ | | Stocks | |
| Section 4. Intellectual Property | | | | |
| Intellectual Propert | y Patents & Cop | yrights | | |
| Do you have any patents, whether planne | ed, pending or issued | d, broadly releva | nt to the work? | Yes 🗸 No |
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| Dr. Lonner reports grants from Setting So Fox Fund, grants from OREF, personal fee personal fees from Paradigm Spine, outs | es from Depuy Synth | es, personal fees | | |



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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

Park 1



| Section 1. | Identifying Inform | ation | | | |
|--|---|--|--|--|--|
| 1. Given Name (Fi | rst Name) | 2. Surname (Last Name) Park | 3. Date 03-October-2014 | | |
| 4. Are you the corresponding author? | | Yes ✓ No | Corresponding Author's Name Baron Lonner, MD | | |
| 5. Manuscript Title 24-Hour Antibiotic Prophylaxis is the Appropriate Standard in Spine Surgery in Which Drains are Utilized: A Prospective Randomized Study | | | | | |
| 6. Manuscript Ider JBJS-D-12-00782 | ntifying Number (if you kr !R2 | now it) | | | |
| | | | | | |
| Section 2. | The Work Under Co | onsideration for Public | ation | | |
| any aspect of the s statistical analysis, | ubmitted work (including | but not limited to grants, da | a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation, | | |
| | I | | | | |
| Section 3. | Relevant financial | activities outside the s | ubmitted work. | | |
| of compensation clicking the "Add |) with entities as descri I +" box. You should rep | bed in the instructions. Us 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 . | | |
| Are there any rel | evant conflicts of intere | est? Yes ✓ No | | | |
| | I | | | | |
| Section 4. | Intellectual Proper | ty Patents & Copyric | hts | | |
| Do you have any | patents, whether plan | ned, pending or issued, br | oadly relevant to the work? Yes V No | | |

Park 2



| Section 5. | |
|-------------------|---|
| | Relationships not covered above |
| | relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work? |
| Yes, the follo | wing relationships/conditions/circumstances are present (explain below): |
| ✓ No other rela | tionships/conditions/circumstances that present a potential conflict of interest |
| | anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships. |
| Cardian C | |
| Section 6. | Disclosure Statement |
| Based on the abo | ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box |
| Dr. Park has notl | hing to disclose. |

Evaluation and Feedback

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Park 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.

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

Ricart-Hoffiz 1



| Section 1. | Identifying Inform | nation | | | |
|---|--|---|---|--|--|
| Given Name (First Name) Pedro | | 2. Surname (Last Name) Ricart-Hoffiz | 3. Date 03-October-2014 | | |
| 4. Are you the corresponding author? | | Yes ✓ No | Corresponding Author's Name Baron Lonner, MD | | |
| 24-Hour Antibiot | 5. Manuscript Title 24-Hour Antibiotic Prophylaxis is the Appropriate Standard in Spine Surgery in Which Drains are Utilized: A Prospective Randomized Study | | | | |
| • | 6. Manuscript Identifying Number (if you know it) JBJS-D-12-00782R2 | | | | |
| | | | | | |
| 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.)? Are there any relevant conflicts of interest? Yes No | | | | | |
| | ı | | | | |
| Section 3. | Relevant financial | activities outside the s | submitted work. | | |
| Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication . | | | | | |
| Are there any rele | evant conflicts of intere | est? Yes ✓ No | | | |
| | | | | | |
| Section 4. | Intellectual Proper | ty Patents & Copyric | ghts | | |
| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo | | | | | |

Ricart-Hoffiz 2



| Section 5. Relationships not covered above | | | | |
|--|--|--|--|--|
| helationships 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. Disclosure Statement | | | | |
| Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below. | | | | |
| Dr. Ricart-Hoffiz has nothing to disclose. | | | | |

Evaluation and Feedback

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Ricart-Hoffiz 3



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Spivak 1



| Section 1. Identifying Inform | nation | | | | | |
|---|--|---|--|--|--|--|
| 1. Given Name (First Name) Jeffrey | 2. Surname (Last Name) Spivak | 3. Date 05-October-2014 | | | | |
| 4. Are you the corresponding author? | ☐ Yes ✓ No | Corresponding Author's Name Baron Lonner, MD | | | | |
| 5. Manuscript Title 24-Hour Antibiotic Prophylaxis is the Appropriate Standard in Spine Surgery in Which Drains are Utilized: A Prospective Randomized Study | | | | | | |
| 6. Manuscript Identifying Number (if you know it) JBJS-D-12-00782R2 | | | | | | |
| Section 2. The Week Under C | | | | | | |
| The Work Under C | 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.)? | | | | | | |
| Are there any relevant conflicts of inter | Are there any relevant conflicts of interest? Yes Vo | | | | | |
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| Section 3. Polovant financia | | | | | | |
| Relevant financia | activities outside the | submitted work. | | | | |
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| Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo | | | | | | |

Spivak 2



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Spivak 3



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Takemoto 1



| Section 1. Identifying Inform | nation | | | | |
|---|---|---|--|--|--|
| 1. Given Name (First Name) Richelle | 2. Surname (Last Name) Takemoto | 3. Date 03-October-2014 | | | |
| 4. Are you the corresponding author? | Yes ✓ No | Corresponding Author's Name Baron Lonner, MD | | | |
| 5. Manuscript Title 24-Hour Antibiotic Prophylaxis is the Appropriate Standard in Spine Surgery in Which Drains are Utilized: A Prospective Randomized Study | | | | | |
| 6. Manuscript Identifying Number (if you kn JBJS-D-12-00782R2 | 6. Manuscript Identifying Number (if you know it) JBJS-D-12-00782R2 | | | | |
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| Intellectual Proper | rty Patents & Copyrig | ghts | | | |
| Do you have any patents, whether plant | ned, pending or issued, br | roadly relevant to the work? Yes V No | | | |

Takemoto 2



| Section 5. Relationships not severed above | | | | |
|---|--|--|--|--|
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Takemoto 3