

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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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.

5. Relationships not covered above.

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Thomas

2. Surname (Last Name)

Errico

3. Date

17-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 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

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Are there any relevant conflicts of interest?

☐ Yes

☒ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

☐ Yes

☒ No

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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. Errico has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Tate	2. Surname (Last Name) Andres	3. Date 03-October-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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		

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

Section 3. Relevant financial activities outside the submitted work.

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

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Dr. Andres has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) John	2. Surname (Last Name) Bendo	3. Date 03-October-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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		
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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Dr. Bendo has nothing to disclose.

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jeffrey	2. Surname (Last Name) Goldstein	3. Date 04-October-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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		
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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Medtronic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
K2M	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nuvasive	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Baron

2. Surname (Last Name)
Lonner

3. Date
03-October-2014

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

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

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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Setting Scoliosis Straight Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grant from Depuy Synthes in support of the HARMS Study Group
AO Spine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
John and Marcella Fox Fund	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OREF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Depuy Synthes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant; Scientific Advisory Board (no value); Speaker's Bureau; Royalties
K2M	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speaker's Bureau

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Spine Search	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Board of Directors (no value); Stocks
Paradigm Spine	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stocks

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Dr. Lonner reports grants from Setting Scoliosis Straight Foundation, grants from AO Spine, grants from John and Marcella Fox Fund, grants from OREF, personal fees from Depuy Synthes, personal fees from K2M, personal fees from Spine Search, personal fees from Paradigm Spine, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Justin

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 Identifying Number (if you know it)
JBJS-D-12-00782R2

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

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Dr. Park has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. 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

5. Manuscript Title
24-Hour Antibiotic Prophylaxis is the Appropriate Standard in Spine Surgery in Which Drains are Utilized: A Prospective Randomized Study

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Dr. Ricart-Hoffiz has nothing to disclose.

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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

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1. Given Name (First Name)
Richelle

2. Surname (Last Name)
Takemoto

3. Date
03-October-2014

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☐ Yes☒ No

Corresponding Author's Name
Baron Lonner, MD

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