

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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| Section 1. Identifying Inform | mation | | | |
|--|------------------------------------|---|--|--|
| 1. Given Name (First Name) Christina | 2. Surname (Last Name) Hardesty | 3. Date 05-April-2017 | | |
| 4. Are you the corresponding author? | Yes 🗸 No | Corresponding Author's Name George H. Thompson | | |
| 5. Manuscript Title Does Vancomycin Powder Decrease Su | urgical Site Infections in G | rowing Spine Surgery? A Preliminary Study | | |
| 6. Manuscript Identifying Number (if you k | now it) | | | |
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| Section 2. The Work Under C | Consideration for Publ | ication | | |
| 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? | | | | |
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| Section 3. Relevant financial | activities outside the | submitted work. | | |
| | ribed in the instructions. l | hether you have financial relationships (regardless of amount Jse one line for each entity; add as many lines as you need by | | |

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. Hardesty has nothing to disclose.

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| Section 1. Identifying Infor | mation | |
|--|-------------------------------------|---|
| 1. Given Name (First Name) R. Justin | 2. Surname (Last Name) Mistovich | 3. Date 05-April-2017 |
| 4. Are you the corresponding author? | Yes 🖌 No | Corresponding Author's Name George H. Thompson |
| 5. Manuscript Title Does Vancomycin Powder Decrease S | urgical Site Infections in Gr | owing Spine Surgery? A Preliminary Study |
| 6. Manuscript Identifying Number (if you l | know it) | |
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| Section 2. The Work Under O | Consideration for Publi | cation |
| | | n a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation, |
| Are there any relevant conflicts of inte | rest? 🗌 Yes 🖌 No | |
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| Section 3. Delevent financia | | |
| Relevant financia | l activities outside the | submitted work. |
| of compensation) with entities as desc | ribed in the instructions. U | nether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication . |
| Are there any relevant conflicts of inte | rest? Yes 🖌 No | |

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| Section 1. Identifying Inform | nation | | |
|--|---------------------------------------|--|---------------------------------|
| 1. Given Name (First Name) Connie | 2. Surname (Last Name) Poe-Kochert | | 3. Date 05-April-2017 |
| 4. Are you the corresponding author? | Yes 🖌 No | Corresponding Author's Nan George H. Thompson | ne |
| 5. Manuscript Title | | | |
| Does Vancomycin Powder Decrease Su | rgical Site Infections in Gr | owing Spine Surgery? A Prel | iminary Study |
| 6. Manuscript Identifying Number (if you k | now it) | | |
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| Did you or your institution at any time rece any aspect of the submitted work (including statistical analysis, etc.)? | | | |
| Are there any relevant conflicts of inter | est? Yes 🖌 No | | |
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| Relevant financial | activities outside the | submitted work. | |
| Place a check in the appropriate boxes of compensation) with entities as descr clicking the "Add +" box. You should re | ribed in the instructions. U | se one line for each entity; a | dd as many lines as you need by |
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|--|--|---|----------------------------------|
| 1. Given Name (First Name) Jochen | 2. Surname (Last Name) Son-Hing | | 3. Date 05-April-2017 |
| 4. Are you the corresponding author? | Yes 🖌 No | Corresponding Author's Na George H. Thompson | me |
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| 1. Given Name (Fi George | rst Name) | 2. Surname (Last Name) Thompson | 3. Date 05-April-2017 |
| 4. Are you the cor | responding author? | ✓ Yes No | |
| 5. Manuscript Title Does Vancomyc | | urgical Site Infections in Growing Spine Surgery? A Pr | eliminary Study |
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🖌 No

Are there any relevant conflicts of interest? Yes

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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**.

No

Are there any relevant conflicts of interest? \checkmark Yes

If yes, please fill out the appropriate information below.

| Name of Entity | Grant? | Personal Fees ? | Non-Financial Support <mark>?</mark> | Other? | Comments | |
|----------------------|--------|---------------------------|---|--------------|---------------------------|--|
| OrthoPediatrics | | | | \checkmark | Royalties / Stock Options | |
| SpineForm | | | | \checkmark | Non-paid Consultant | |
| J Ped Orthop | | | | \checkmark | Co-Editor-in-Chief | |
| Shriner's Med Adv Bd | | | | \checkmark | Chair | |
| SICOT Foundation | | | | \checkmark | President / CEO | |



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Dr. Thompson reports other from OrthoPediatrics, other from SpineForm, other from J Ped Orthop, other from Shriner's Med Adv Bd , other from SICOT Foundation, outside the submitted work; .

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