

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.

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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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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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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)

Joseph

2. Surname (Last Name)

Laratta

3. Date

10-January-2017

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Jamal N. Shillingford

5. Manuscript Title

The free hand technique for S2 Alar-Iliac screw placement: a safe and effective method for sacropelvic fixation in adult spinal deformity

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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

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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**.

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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. Laratta 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) Lawrence	2. Surname (Last Name) Lenke	3. Date 08-January-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Jamal Shillingford
5. Manuscript Title The free hand technique for S2 Alar-Iliac screw placement: a safe and effective method for sacropelvic fixation in adult spinal deformity		
6. Manuscript Identifying Number (if you know it) 		

Section 2. The Work Under Consideration for Publication

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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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Board Membership OREF and GSO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	unpaid positions
Consultancy - DePuy Synthes Spine, K2M, Medtronic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Monies donated to a charitable foundation
Expert Testimony - Fox Rothschild, LLP	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	expert witness in a patent infringement lawsuit.
Grants: AO Spine,; Scoliosis Research Society; DePuy Synthes Spine; Setting Scoliosis Straight Foundation; EOS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Monies paid to institution
Royalties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Medtronic; Quality Medical Publishing

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Travel accommodations/meeting expenses - AOSpine, Broadwater, Seattle Science Foundation, Scoliosis Research Society, The Spinal Research Foundation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reimbursement for airfare/hotel only
Fellowship Grant - AOSpine, North America	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Institutional support f Evnor fellowship
Philanthropic research funding	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fox Family Foundation; Evans Family

Section 4. Intellectual Property -- Patents & Copyrights

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
Medtronic	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		unpaid

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.

Disclosure Statement

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Dr. Lenke reports other from Board Membership OREF and GSO, personal fees from Consultancy - DePuy Synthes Spine, K2M, Medtronic, personal fees from Expert Testimony - Fox Rothschild, LLP, grants from Grants: AO Spine, Scoliosis Research Society; DePuy Synthes Spine; Setting Scoliosis Straight Foundation; EOS, other from Royalties, personal fees from Travel accommodations/meeting expenses - AOSpine, Broadwater, Seattle Science Foundation, Scoliosis Research Society, The Spinal Research Foundation, grants from Fellowship Grant - AOSpine, North America, grants from Philanthropic research funding, outside the submitted work; In addition, Dr. Lenke has a patent Medtronic pending.

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Section 1. Identifying Information

1. Given Name (First Name) Charla	2. Surname (Last Name) Fischer	3. Date 10-January-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Jamal Shillingford
5. Manuscript Title The Free Hand Technique for S2 Alar-Iliac Screw Placement: A Safe and Effective Method for Sacropelvic Fixation in Adult Spinal Deformity		
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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Stryker	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting
Invuity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consulting

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Fischer reports personal fees from Stryker, personal fees from Invuity, outside the submitted work; .

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Section 1. Identifying Information

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Yongjung

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Kim

3. Date

10-January-2017

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Jamal Shillingford

5. Manuscript Title

The Free Hand Technique for S2 Alar-Iliac Screw Placement: A Safe and Effective Method for Sacropelvic Fixation in Adult Spinal Deformity

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Section 1. Identifying Information

1. Given Name (First Name) Ronald A.	2. Surname (Last Name) Lehman, Jr.	3. Date 08-January-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Jamal Shillingford
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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
PRORP (Department of Defense Peer Reviewed Orthopaedic Research Program)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paid directly to institution
DePuy Synthes Spine	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Honoraria for Speaker's Bureau, Travel paid for any Speaking Arrangements
Stryker	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Honoraria for Speaker's Bureau, Travel paid for any Speaking Arrangements
Medtronic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Consulting Fees, Honoraria for Speaker's Bureau, Travel paid for any Speaking Arrangements

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

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

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. Disclosure Statement

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Dr. Lehman, Jr. reports grants from PRORP (Department of Defense Peer Reviewed Orthopaedic Research Program), personal fees and non-financial support from DePuy Synthes Spine, personal fees and non-financial support from Stryker, personal fees and non-financial support from Medtronic, 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)
James

2. Surname (Last Name)
Lin

3. Date
09-January-2017

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Jamal N. Shillingford

5. Manuscript Title
The Free Hand Technique for S2 Alar-Iliac Screw Placement: A Safe and Effective Method for Sacropelvic Fixation in Adult Spinal Deformity

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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

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Dr. Lin has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Nana	2. Surname (Last Name) Sarpong	3. Date 10-January-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Jamal N. Shillingford
5. Manuscript Title The free hand technique for S2 Alar-Iliac screw placement: a safe and effective method for sacropelvic fixation in adult spinal deformity		
6. Manuscript Identifying Number (if you know it) 		

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

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Jamal

2. Surname (Last Name)

Shillingford

3. Date

10-January-2017

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

The free hand technique for S2 Alar-Iliac screw placement: a safe and effective method for sacropelvic fixation in adult spinal deformity

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Section 1. Identifying Information

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Lee

2. Surname (Last Name)
Tan

3. Date
10-January-2017

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☐ Yes

☒ No

Corresponding Author's Name
Jamal N. Shillingford

5. Manuscript Title

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