

Instructions

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Pesenti 1



1. Given Name (First Name) Sebastien 2. Surname (Last Name) Sebastien Pesenti 3. Date 03-August-2017 4. Are you the corresponding author? Yes No 5. Manuscript Title							
Sebastien Pesenti O3-August-2017 4. Are you the corresponding author? Yes No No							
5. Manuscript Title							
Cervical Facet Orientation Varies with Age in Children: An MRI Study							
6. Manuscript Identifying Number (if you know it)							
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If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a Excess rows can be removed by pressing the "X" button.	ow.						
Name of Institution/Company Grant Personal Fees Support Comments Comments							
Société Française de Chirurgie Orthopédique at Traumatologie (SoFCOT)							
Société Française d'Orthopédie Pédiatrique Salaries							
Association pour le Développement de la Recherche Médicale (ADEREM)							
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Pesenti 2



Section 4. Intellectual Property Patents & Copyrights
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Dr. Pesenti reports grants from Société Française de Chirurgie Orthopédique et Traumatologie (SoFCOT), grants from Société Française d'Orthopédie Pédiatrique (SoFOP), grants from Association pour le Développement de la Recherche Médicale (ADEREM), during the conduct of the study.

Evaluation and Feedback

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Blondel 1



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4. Are you the cor	responding author?	Yes 🗸 No	Corresponding Author's Name Sebastien Pesenti				
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Blondel 2



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patent

1 Jouve



Section 1. Id	entifying Informa	ition				
1. Given Name (First N Jean-Luc	lame)	2. Surname (Last Name) Jouve	3. Date 03-August-2017			
4. Are you the correspond	onding author?	Yes ✓ No	Corresponding Author's Name Sebastien Pesenti			
5. Manuscript Title Cervical Facet Orient	tation varies with Ago	e in Children: An MRI S	itudy			
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Section 4.						
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Do you have any pat	ents, whether planne	ed, pending or issued,	broadly relevant to the work? Yes Vo			

Jouve 2



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Panuel 1



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Panuel 2



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Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

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

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

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



Identifying Information

Section 1.

ICMJE Form for Disclosure of Potential Conflicts of Interest

1. Given Name (First Name) Virginie	2. Surna Lafage	me (Last Nar	ne)		3. Date 03-August-2017	
4. Are you the corresponding author?	Yes	✓ No	Correspond Sebastien	_	or's Name	
Manuscript TitleCervical Facet Orientation varies with F	Age in Chile	dren: An MF	RI Study			
6. Manuscript Identifying Number (if you k	now it)					
Section 2. The Work Under C	Considera	tion for P	ublication			
Did you or your institution at any time rece any aspect of the submitted work (including						tc.) for
statistical analysis, etc.)?	_	_		y Doard, Sti	ady design, manuscript preparation,	
Are there any relevant conflicts of inter	est?	Yes ✓	No			
Section 3. Polyant financial						
Relevant financial	activitie	s outside i	the submitted	work.		
Place a check in the appropriate boxes of compensation) with entities as describing the "Add +" box. You should re	ribed in the	e instruction	ns. Use one line fo	or each er	ntity; add as many lines as you need	d by
Are there any relevant conflicts of inter	•	. —	No		. so mondis prior to publication.	,
If yes, please fill out the appropriate inf	ormation b	pelow.				
Name of Early	Grant?	Personal	Non-Financial	7		
Name of Entity	Grant•	Fees?	Support?	Other?	Comments	
SRS	√					
NuVasive	√				Paid through ISSG	
DePuy	✓				Paid through ISSG	
K2M	✓				Paid through ISSG	
Stryker	✓				Paid through ISSG	
DePuy Spine		\checkmark			Speaking/Teaching arrangements	
K2M		\checkmark			Speaking/Teaching arrangements	
MSD		\checkmark			Speaking/Teaching arrangements	



Name of Entity	Grant?	Personal Fees	Non-Financial Support?	Other?	Comments	
NuVasive		√			Consulting	
Nemaris Inc				✓	Shareholder, Board of directors	
Section 4. Intellectual Propert	y Pate	ents & Co _l	pyrights			
Do you have any patents, whether plann	ed, pend	ing or issue	ed, broadly releva	nt to the	work? ☐ Yes ✓ No	
Section 5. Relationships not c	overed	above				
Are there other relationships or activities potentially influencing, what you wrote i	n the sub	mitted wo	rk?			
Yes, the following relationships/cond ✓ No other relationships/conditions/cir						
At the time of manuscript acceptance, jo On occasion, journals may ask authors to						ents.
Section 6. Disclosure Stateme	nt					
Based on the above disclosures, this form below.	n will auto	omatically (generate a disclo	sure state	ement, which will appear in the box	
Dr. Lafage reports grants from SRS, gran personal fees from DePuy Spine, person Nemaris Inc, outside the submitted wor	al fees fro					1



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