

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.

1. Identifying information.

2. The work under consideration for publication.

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Hayden	2. Surname (Last Name) Rockson	3. Date 01-October-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Michael P. Stauff, MD
5. Manuscript Title Venous Thromboembolism Prophylaxis in Elective Spine Surgery Patients: When, Why, and How Much?		
6. Manuscript Identifying Number (if you know it) JBJS-D-19-00849		

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

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. Rockson has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Michael

2. Surname (Last Name)
Stauff

3. Date
01-October-2018

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

5. Manuscript Title
Venous Thromboembolism Prophylaxis in Elective Spine Surgery Patients: When, Why, and How Much?

6. Manuscript Identifying Number (if you know it)
JBJS-D-19-00849

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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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
Pfizer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PI for Clinical trial, Paid to Institution
Empirical Spine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PI for Clinical trial, Paid to institution
Spinal Balance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consultant
Depuy Synthes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Money paid as faculty for course

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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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The Spine Journal, Deputy Editor (Stipend)

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Dr. Stauff reports grants from Pfizer, grants from Empirical Spine, other from Spinal Balance, other from Depuy Synthes, outside the submitted work; and The Spine Journal, Deputy Editor (Stipend).

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1. Given Name (First Name) Christian	2. Surname (Last Name) DiPaola	3. Date 01-October-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Michael P. Stauff, MD
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If yes, please fill out the appropriate information below.

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

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Dr. DiPaola is a member of the Scientific Advisory Board for Nascent Surgical, Nolen Orthopaedics, and Intrinsic Therapeutics. He serves as a consultant for Lineage Medical and as the President of the New England Spine Study Group.

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Dr. DiPaola reports personal fees from K2M , outside the submitted work; and Dr. DiPaola is a member of the Scientific Advisory Board for Nascent Surgical, Nolen Orthopaedics, and Intrinsic Therapeutics. He serves as a consultant for Lineage Medical and as the President of the New England Spine Study Group.

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Section 1. Identifying Information

1. Given Name (First Name)
Patrick

2. Surname (Last Name)
Connolly

3. Date
01-October-2018

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Michael P. Stauff, MD

5. Manuscript Title
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