

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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)

Jos

2. Surname (Last Name)

Kuijlen

3. Date

28-October-2018

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

The Odom's criteria validated at last: a clinimetric evaluation in cervical spine surgery

6. Manuscript Identifying Number (if you know it)

JBJS-D-18-00370R1

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. Kuijlen 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) Michiel	2. Surname (Last Name) Reneman	3. Date 28-October-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Jos M.A. Kuijlen
5. Manuscript Title The Odom's criteria validated at last: a clinimetric evaluation in cervical spine surgery		
6. Manuscript Identifying Number (if you know it) JBJS-D-18-00370R1		

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Dr. Reneman has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Remko	2. Surname (Last Name) Soer	3. Date 28-October-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Jos M.A. Kuijlen
5. Manuscript Title The Odom's criteria validated at last: a clinimetric evaluation in cervical spine surgery		
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Section 1. Identifying Information

1. Given Name (First Name)

Rob J.M.

2. Surname (Last Name)

Groen

3. Date

28-October-2018

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Jos M.A. Kuijlen

5. Manuscript Title

The Odom's criteria validated at last: a clinimetric evaluation in cervical spine surgery

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Anne

2. Surname (Last Name)
Broekema

3. Date
28-October-2018

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☐ Yes ☒ No

Corresponding Author's Name
JMA Kuijlen

5. Manuscript Title
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Dr. Broekema has nothing to disclose.

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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.

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Rob	2. Surname (Last Name) Molenberg	3. Date 29-October-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Jos M.A. Kuijlen
5. Manuscript Title The Odom's criteria validated at last: a clinimetric evaluation in cervical spine surgery		
6. Manuscript Identifying Number (if you know it) JBJS-D-18-00370R1		

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.)?

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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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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Mr. Molenberg has nothing to disclose.

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