

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Jennifer

2. Surname (Last Name)

Urquhart

3. Date

20-March-2019

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Chris Bailey

5. Manuscript Title

The Effect of Prolonged Post-Operative Antibiotic Administration on the Rate of Infection in Patients Undergoing Posterior Spine Surgery requiring a Closed-Suction Drain: A Randomized Controlled Trial

6. Manuscript Identifying Number (if you know it)

JBJS D-19-00009

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Dr. Urquhart 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)  
Darryl

2. Surname (Last Name)  
Collings

3. Date  
21-March-2019

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Chris Bailey

5. Manuscript Title  
The Effect of Prolonged Post-Operative Antibiotic Administration on the Rate of Infection in Patients Undergoing Posterior Spine Surgery requiring a Closed-Suction Drain: A Randomized Controlled Trial

6. Manuscript Identifying Number (if you know it)

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Dr. Collings 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)

Lori

2. Surname (Last Name)

Nutt

3. Date

21-March-2019

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Dr. Chris Bailey

5. Manuscript Title

The Effect of Prolonged Post-Operative Antibiotic Administration on the Rate of Infection in Patients Undergoing Posterior Spine Surgery requiring a Closed-Suction Drain: A Randomized Controlled Trial

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Ms. Nutt 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)  
Linda

2. Surname (Last Name)  
Kuska

3. Date  
20-March-2019

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Dr. Chris Bailey

5. Manuscript Title  
The Effect of Prolonged Post-Operative Antibiotic Administration on the Rate of Infection in Patients Undergoing Posterior Spine Surgery requiring a Closed-Suction Drain: A Randomized Controlled Trial

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|   |                                |   |
|---|--------------------------------|---|
| 1. Given Name (First Name)<br>Kevin   | 2. Surname (Last Name)<br>Gurr | 3. Date<br>20-March-2019                    |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |                                | Corresponding Author's Name<br>Chris Bailey |
| 5. Manuscript Title<br>The Effect of Prolonged Post-Operative Antibiotic Administration on the Rate of Infection in Patients Undergoing Posterior Spine Surgery requiring a Closed-Suction Drain: A Randomized Controlled Trial |                                |   |
| 6. Manuscript Identifying Number (if you know it)<br><br>   |                                |   |

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Fawaz

2. Surname (Last Name)

Siddiqi

3. Date

21-March-2019

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Chris Bailey

5. Manuscript Title

The Effect of Prolonged Post-Operative Antibiotic Administration on the Rate of Infection in Patients Undergoing Posterior Spine Surgery requiring a Closed-Suction Drain: A Randomized Controlled Trial

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?

☐ Yes

☒ No

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☒ No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

☐ Yes

☒ No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 6. Disclosure Statement

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Dr. Siddiqi 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)

Parham

2. Surname (Last Name)

Rasoulinejad

3. Date

21-March-2019

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Chris Bailey

5. Manuscript Title

The Effect of Prolonged Post-Operative Antibiotic Administration on the Rate of Infection in Patients Undergoing Posterior Spine Surgery requiring a Closed-Suction Drain: A Randomized Controlled Trial

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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

### Section 4. Intellectual Property -- Patents & Copyrights

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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 6. Disclosure Statement

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Dr. Rasoulinejad 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)

Alyssa

2. Surname (Last Name)

Fleming

3. Date

20-March-2019

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Chris Bailey

5. Manuscript Title

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Are there any relevant conflicts of interest?

☐ Yes

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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?

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Ms. Fleming 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)

Joanne

2. Surname (Last Name)

Collie

3. Date

20-March-2019

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Chris Bailey

5. Manuscript Title

The Effect of Prolonged Post-Operative Antibiotic Administration on the Rate of Infection in Patients Undergoing Posterior Spine Surgery requiring a Closed-Suction Drain: A Randomized Controlled Trial

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

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Ms. Collie 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)  
Chris

2. Surname (Last Name)  
Bailey

3. Date  
20-March-2019

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

5. Manuscript Title  
The Effect of Prolonged Post-Operative Antibiotic Administration on the Rate of Infection in Patients Undergoing Posterior Spine Surgery requiring a Closed-Suction Drain: A Randomized Controlled Trial

6. Manuscript Identifying Number (if you know it)  
JBJS-D-19-00009.

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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                        |
|------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|---------------------------------|
| Medtronic Canada | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | research and fellowship support |

### 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 5. Relationships not covered above

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Dr. Bailey reports grants from Medtronic Canada, outside the submitted work; .

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