

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.

Identifying information.

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

Carlson 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Bayard	2. Surname (Last Name) Carlson	3. Date 13-April-2018
4. Are you the corresponding author?	Yes 🗸 No	Corresponding Author's Name Brett Freedman, MD
5. Manuscript Title Postoperative Seroma in Posterior Cerv	rical Fusions Using RhBMP-	2: A Case Series
6. Manuscript Identifying Number (if you k	now it)	
Section 2. The Work Under C	onsideration for Public	ation
	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
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Section 4. Intellectual Prope	rty Patents & Copyri <u>c</u>	jhts
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No

Carlson 2



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patent

Wanderman 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi Nathan	rst Name)	2. Surname (Last Name) Wanderman	3. Date 09-April-2018
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Brett Freedman
5. Manuscript Title Postoperative Se		ical Fusions Using RhBMP-	2: A Case Series
6. Manuscript lder	ntifying Number (if you kr	now it)	
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Wanderman 2



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Kang 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fi Daniel	rst Name)	2. Surname (Last Name) Kang	3. Date 09-April-2018		
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Brett Freedman, MD		
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Drayer 1



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1. Given Name (First I Nicholas	Name)	2. Surname (Last Nam Drayer	ne) 3. Date 09-April-2018
4. Are you the corresp	ponding author?	Yes ✓ No	Corresponding Author's Name Brett Freedman
5. Manuscript Title Postoperative Seroi	ma in Posterior Cervio	cal Fusions Using RhE	BMP-2: A Case Series
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Freedman 1



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4. Are you the cor	responding author?	✓ Yes No		
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Tomov 1



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Section 3.			
Place a check in to of compensation clicking the "Add	the appropriate boxes i) with entities as descri	ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.
Section 4.	Intellectual Proper	rty Patents & Copyrig	ghts
Do you have any			roadly relevant to the work? Yes V No

Tomov 2



Section 5. Relationships not sovered above
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?
Yes, the following relationships/conditions/circumstances are present (explain below):
✓ No other relationships/conditions/circumstances that present a potential conflict of interest
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.
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This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

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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 **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

Reifsnyder 1



Section 1.	Identifying Inform	nation			
Given Name (First Name) Jeremy		2. Surname (Last Name) Reifsnyder	3. Date 10-April-2018		
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Brett Freedman, MD		
5. Manuscript Title Postoperative Seroma in Posterior Cervio		ical Fusions Using RhBMP-	2: A Case Series		
6. Manuscript Identifying Number (if you know it)					
Section 2. The Work Under Consideration for Publication					
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Section 3.	Polovant financial	activities outride the	whmitted work		
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Section 4.	Intellectual Prope	rty Patents & Copyric	hts		
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo					

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Section 5. Relationships not covered above				
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Section 6. Disclosure Statement				
Disclosure Statement				
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Royalties: Funds are coming in to you or your institution due to your patent

Robinson 1



Section 1.	Identifying Inform	nation				
1. Given Name (First Name) William		2. Surname (Last Name) Robinson	3. Date 09-April-2018			
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Brett A. Freedman MD			
5. Manuscript Title Postoperative Seroma in Posterior Cervical Fusio		ical Fusions using RhBMP-	2: a Case series			
6. Manuscript Identifying Number (if you know it)						
Section 2.	The Work Under Co	onsideration for Public	cation			
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Section 3.	Relevant financial	activities outside the s	submitted work.			
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Section 4.	Intellectual Prope	rty Patents & Copyric	ghts			
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No			

Robinson 2



Section 5. Rel				
Rei	ationships not covered above			
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