

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.

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Relevant financial activities outside the submitted work. 3.

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Intellectual Property.

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earning royalties or not

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

Chapman 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi	rst Name)	2. Surname (Last Name) Chapman	3. Date 03-September-2019
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Srikanth N. Divi
5. Manuscript Title Description and		ine Sacral Injury Classificat	tion System
6. Manuscript Ider	ntifying Number (if you kr	now it)	
			_
Section 2.	The Work Under C	onsideration for Public	cation
any aspect of the s statistical analysis,	ubmitted work (including	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	submitted work.
of compensation clicking the "Add) with entities as descr	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 Prope	rty Patents & Copyric	ghts
Do you have any	patents, whether plan	ned, pending or issued, br	roadly relevant to the work?

Chapman 2



Section 5. Relationships not sovered above
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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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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. Chapman has nothing to disclose.

Evaluation and Feedback

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Chapman 3



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Bellabarba 1



Section 1. Identifying Inform	nation					
Given Name (First Name) Carlo	2. Surname Bellabarba	-	2)		3. Date 03-September-2019	
4. Are you the corresponding author?	Yes	√ No	· ·	Corresponding Author's Name Srikanth N. Divi		
5. Manuscript Title Description and Validation of the AOSp	oine Sacral Inj	ury Classifi	ication System			
6. Manuscript Identifying Number (if you k	now it)					
Section 2. The Work Under C	onsideratio	n for Pul	blication			
Did you or your institution at any time rece	eive payment o	r services fr	om a third party (governme	ent, commercial, private foundation, etc.) for	
any aspect of the submitted work (including statistical analysis, etc.)?						
Are there any relevant conflicts of inter	est? ✓ Yes	s No	0			
			have more than	one enti	ty press the "ADD" button to add a row.	
Excess rows can be removed by pressir						
Name of Institution/Company	Grant	ersonal N Fees	Non-Financial Support?	Other?	Comments	
AO Spine				✓	Reimbursement of travel costs to attend sacral fracture classification research meetings	
Section 3. Relevant financial	activities o	utside th	e submitted	work.		
Place a check in the appropriate boxes of compensation) with entities as describing the "Add +" box. You should re	ibed in the in	structions.	. Use one line fo	r each er		
Are there any relevant conflicts of inter	est? 🗸 Yes	s No	O			
If yes, please fill out the appropriate inf	ormation belo	ow.				
		orconol -	Non Financial			
Name of Entity	Grant	ersonal N Fees	Non-Financial Support	Other?	Comments	
AO Spine	✓				nstitutional educational grant for support of spine fellowship	

Bellabarba 2



Soutien A
Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes V
Section 5. Relationships not covered above
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Dr. Bellabarba reports other from AO Spine, during the conduct of the study; grants from AO Spine, outside the submitted work; .

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Dhakal 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi Gaurav Raj	rst Name)	2. Surname (Last Name) Dhakal	3. Date 26-August-2019
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Srikanth N. Divi
5. Manuscript Title Description and		oine Sacral Injury Classifica	tion System
6. Manuscript Ide	ntifying Number (if you kr	now it)	
Section 2.	The Work Under C	onsideration for Public	cation
any aspect of the s statistical analysis,	submitted work (including	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 3.	Relevant financial	activities outside the s	ubmitted work.
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Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No

Dhakal 2



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Dr. Dhakal has nothing to disclose.

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Dvorak 1



Section 1. Identifying Inform	ation	
1. Given Name (First Name) Marcel	2. Surname (Last Name) Dvorak	3. Date 03-September-2019
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Srikanth N. Divi
5. Manuscript Title Description and Validation of the AOSpi	ine Sacral Injury Classificat	cion System
6. Manuscript Identifying Number (if you kn	ow it)	
		_
Section 2. The Work Under Co	onsideration for Public	cation
	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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If yes, please fill out the appropriate info		
Name of Entity	Grant? Personal Nor	n-Financial other? Comments
AO Spine		Travel Support
Medtronic		Consulting and Royalties
Section 4. Intellectual Proper		
Intellectual Proper	ty Patents & Copyric	hts
Do you have any patents, whether plant	ned, pending or issued, br	oadly relevant to the work? Yes V No

Dvorak 2



Section 5.	
Section 5.	Relationships not covered above
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Sections	
Section 6.	Disclosure Statement
Based on the abo below.	ve disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Dvorak report	ts personal fees from AO Spine, personal fees from Medtronic, outside the submitted work; .

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Dvorak 3



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Wilson 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fi	rst Name)	2. Surname (Last Name) Wilson		3. Date 30-August-2019
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Srikanth N. Divi	Name
5. Manuscript Title Description and		ine Sacral Injury Classifica	tion System	
6. Manuscript Ider	ntifying Number (if you kr	now it)		
			_	
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of compensation clicking the "Add Are there any rele) with entities as descri	ibed in the instructions. Uport relationships that weest?	se one line for each entit	relationships (regardless of amount y; add as many lines as you need by 6 months prior to publication .
Name of Entity		Grant'	n-Financial Other?	Comments
Stryker Canada			Ed	lucational Course
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Wilson 2



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Dr. Wilson reports personal fees from Stryker Canada, outside the submitted work; .

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RAJASEKARAN 1



Section 1.	Identifying Inforn	mation	
1. Given Name (Fi SHANMUGANAT		2. Surname (Last Name) RAJASEKARAN	3. Date 26-August-2019
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Name Srikanth N. Divi
5. Manuscript Title Description and		oine Sacral Injury Classifi	cation
6. Manuscript Idei	ntifying Number (if you k	now it)	
Section 2.	The Work Under C	Consideration for Pub	lication
any aspect of the s statistical analysis, Are there any rel	ubmitted work (including	g but not limited to grants,	om a third party (government, commercial, private foundation, etc.) for data monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the	e submitted work.
of compensation clicking the "Ado Are there any rel) with entities as descr	ribed in the instructions. sport relationships that w rest? Yes No	whether you have financial relationships (regardless of amount Use one line for each entity; add as many lines as you need by were present during the 36 months prior to publication .
Name of Entity		Grant? Personal Fees?	On-Financial Support? Other? Comments
The Journal of Bone a	and Joint Surgery		Deputy Editor
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Do you have any	patents, whether plan	nned, pending or issued,	broadly relevant to the work? ☐ Yes 📝 No

RAJASEKARAN 2



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RAJASEKARAN 3



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Section 1.	Identifying Inform	nation	
1. Given Name (Fi Mohammad	rst Name)	2. Surname (Last Name) El-Sharkawi	3. Date 26-August-2019
4. Are you the corresponding author?		☐ Yes ✓ No	Corresponding Author's Name Srikanth N. Divi
5. Manuscript Title Description and		ine Sacral Injury Classifica	tion
6. Manuscript Idei	ntifying Number (if you kr	now it)	
Section 2.	The Work Under C	onsideration for Public	cation
any aspect of the s statistical analysis,	ubmitted work (including	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ita monitoring board, study design, manuscript preparation,
Section 3.	Polovant financial	activities outside the s	upmitted work
Place a check in too of compensation clicking the "Add	the appropriate boxes in with entities as descr	in the table to indicate wh 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 Prope	rty Patents & Copyric	phts
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No

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Relationships not covered above
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Serbion 6
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Joaquim 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Andrei 2. Surname (Last Name) Joaquim		3. Date 25-August-2019	
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Srikanth N Divi	
5. Manuscript Title Description and Validation of the AOSp	pine Sacral Injury Classifica	tion System	
6. Manuscript Identifying Number (if you k	now it)		
Section 2. The Work Under C	onsideration for Public	cation	
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 s	submitted work.	
of compensation) with entities as descr	ribed 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.	
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Do you have any patents, whether plan	nned, pending or issued, br	oadly relevant to the work? Yes V No	

Joaquim 2



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Section 1.	Identifying Inform	nation	
1. Given Name (Fir Emiliano	st Name)	2. Surname (Last Name) Vialle	3. Date 25-August-2019
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Srikanth N. Divi
5. Manuscript Title Description and V		ine Sacral Injury Classificat	ion System
6. Manuscript Iden	tifying Number (if you kr	now it)	
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Section 2.	The Work Under Co	onsideration for Public	cation
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Benneker 1



Section 1.	Identifying Inform	nation		
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4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Srikanth N. Divi	
5. Manuscript Title Description and		ine Sacral Injury Classificat	ion System	
6. Manuscript Ider	ntifying Number (if you kr	now it)		
			-	
Section 2.	The Work Under Co	onsideration for Public	ation	
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Section 4.	Intellectual Prope	rty Patents & Copyric	jhts	
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V	

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Relationships not covered above
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Divi 1



Section 1. Identifying Infor	mation	
1. Given Name (First Name) Srikanth	2. Surname (Last Name) Divi	3. Date 30-August-2019
4. Are you the corresponding author?	✓ Yes No	
5. Manuscript Title Description and Validation of the AOS	Spine Sacral Injury Classification Systen	n
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Section 3. Relevant financia	al activities outside the submitted	d work.
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Section 4. Intellectual Prop	erty Patents & Copyrights	
	nned, pending or issued, broadly relev	vant to the work? Yes V No

Divi 2



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



Section 1. Identifying Inform	ation		
1. Given Name (First Name) Luiz R	2. Surname (Last Name) Vialle		3. Date 27-August-2019
4. Are you the corresponding author?	Yes V No	Corresponding Author's Name Srikanth N. Divi	
5. Manuscript Title Description and Validation of the AOSp	ine Sacral Injury Classifica	tion System	
6. Manuscript Identifying Number (if you kn	oow it)		
		_	
Section 2. The Work Under Co	onsideration for Public	cation	
any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grants, daest? Yes No ormation below. If you have	ta monitoring board, s	nent, commercial, private foundation, etc.) for study design, manuscript preparation, tity press the "ADD" button to add a row.
Name of Institution/Company	Grant? Personal No	n-Financial upport?	Comments
AO Foundation		/	Travel expenses for 1 discussion meeting
Section 3. Relevant financial	activities outside the s	submitted work.	
Place a check in the appropriate boxes i of compensation) with entities as descri clicking the "Add +" box. You should rep Are there any relevant conflicts of intere	bed in the instructions. Us port relationships that we est? ☐ Yes ✓ No	se one line for each e re present during th	entity; add as many lines as you need by
Section 4. Intellectual Proper	ty Patents & Copyri	ghts	
Do you have any patents, whether plant	ned, pending or issued, br	oadly relevant to the	e work? ☐ Yes ✓ No



Section 5. Relationships not sovered above
Relationships not covered above
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Yes, the following relationships/conditions/circumstances are present (explain below):
✓ No other relationships/conditions/circumstances that present a potential conflict of interest
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Section 6. Disclosure Statement
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Dr. Vialle reports non-financial support from AO Foundation, during the conduct of the study; .

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

Oner 1



Section 1. Identifying Inform	ation		
1. Given Name (First Name) F. Cumhur	2. Surname (Last Name) Oner		3. Date 25-August-2019
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Autho	or's Name
5. Manuscript Title Description and Validation of the AOSpi	ne Sacral Injury Classificat	ion System	
6. Manuscript Identifying Number (if you kn	ow it)		
		-	
Section 2. The Work Under Co			
The Work Under Co	nsideration for Public	ation	
Did you or your institution at any time received any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grants, da	ta monitoring board, st	udy design, manuscript preparation,
If yes, please fill out the appropriate info Excess rows can be removed by pressing		e more than one enti	ty press the "ADD" button to add a row.
Name of Institution/Company	Grant	n-Financial other?	Comments
AOSpine		✓	
Section 3. Polovant financial c			
Relevant financial a	activities outside the s	ubmitted work.	
Place a check in the appropriate boxes in of compensation) with entities as descril clicking the "Add +" box. You should rep Are there any relevant conflicts of intere If yes, please fill out the appropriate info	oed in the instructions. Us ort relationships that wer st?	e one line for each er	ntity; add as many lines as you need by
Name of Entity	Grant? Personal Nor	n-Financial Other?	Comments
DPS .	✓		
AOSpine		✓	

Oner 2



Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? 🔲 Yes 🕡 No
Section 5. 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):
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Section 6. Disclosure Statement
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Dr. Oner reports non-financial support from AOSpine, during the conduct of the study; grants from DPS, non-financial support from AOSpine, outside the submitted work; .

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

firoozabadi 1



Section 1.	Identifying Inform	ation	
1. Given Name (Firs	t Name)	2. Surname (Last Name) firoozabadi	3. Date 24-August-2019
4. Are you the corre	esponding author?	☐ Yes ✓ No	Corresponding Author's Name Srikanth N. Divi
5. Manuscript Title Description and V	alidation of the AOSp	ine Sacral Injury Classifica	tion
6. Manuscript Ident	ifying Number (if you kn	ow it)	
Section 2.	The Work Under Co	onsideration for Publi	cation
any aspect of the su statistical analysis, e	bmitted work (including	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	submitted work.
of compensation) clicking the "Add -	with entities as descri	bed in the instructions. Use port relationships that we	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	ty Patents & Copyri	ghts
Do you have any p	patents, whether plani	ned, pending or issued, bı	roadly relevant to the work? Yes V No

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Section 5.	
Section 5.	Relationships not covered above
	relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
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Dr. firoozabadi h	nas nothing to disclose.

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Kandziora 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Frank	2. Surname (Last Name) Kandziora		3. Date 02-September-2019
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Nar Srikanth N. Divi	me
5. Manuscript Title Description and Validation of the AOSp	ine Sacral Injury Classificat	tion System	
6. Manuscript Identifying Number (if you kr	now it)		
		_	
Section 2. The Work Under Co	onsideration for Public	cation	
Did you or your institution at any time rece any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grants, da		
Section 3. Relevant financial	activities outside the s	submitted work.	
Place a check in the appropriate boxes in of compensation) with entities as described clicking the "Add +" box. You should repare there any relevant conflicts of interest.	ibed in the instructions. Us port relationships that wer	se one line for each entity; a	ndd as many lines as you need by
Section 4. Intellectual Proper	rty Patents & Copyric	yhts	
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the work?	Yes 🗸 No

Kandziora 2



Section 5.	Deletionaking not severed above
	Relationships not covered above
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Holstein 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Joerg	2. Surname (Last Name) Holstein	3. Date 26-August-2019
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Srikanth N. Divi
5. Manuscript Title Description and Validation of the AOSp	oine Sacral Injury Classifica	tion System
6. Manuscript Identifying Number (if you k	now it)	
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Holstein 2



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Dr. Holstein has nothing to disclose.

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Kepler 1



Sortion 1			
Section 1. Identifying Inform	mation		
Given Name (First Name) Christopher	2. Surname (Last Name) Kepler		3. Date 26-August-2019
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Srikanth N. Divi	Name
5. Manuscript Title Description and Validation of the AOS	pine Sacral Injury Classifica	tion System	
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Did you or your institution at any time recany aspect of the submitted work (includin statistical analysis, etc.)? Are there any relevant conflicts of inte	g but not limited to grants, do	. , .	•
Section 3. Relevant financia	activities outside the	submitted work.	
Place a check in the appropriate boxes of compensation) with entities as descricking the "Add +" box. You should read there any relevant conflicts of intelling the spropriate in the spropriate	ribed in the instructions. U eport relationships that we rest?	se one line for each entit re present during the 3 0	y; add as many lines as you need by
Name of Entity	Grant? Personal No	n-Financial Other?	Comments
Biomet			search Support
Medtronic		✓ Re	search Support
Pfizer		✓ Re	search Support
Regeneration Technologies		□ ✓ Re	search Support

Kepler 2



Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Volume No
Section 5. 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.
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. Kepler reports other from Biomet, other from Medtronic, other from Pfizer, other from Regeneration Technologies, outside the submitted work; .

Evaluation and Feedback

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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

Kanna 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fir Rishi Mugesh	rst Name)	2. Surname (Last Name) Kanna		Date -August-2019
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Srikanth N. Divi	
5. Manuscript Title Description and		ine Sacral Injury Classifica	ion System	
6. Manuscript Ider	ntifying Number (if you kr	now it)		
			_	
Section 2.	The Work Under Co	onsideration for Public	cation	
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, comme ta monitoring board, study design,	
Section 3.	Relevant financial	activities outside the s	ubmitted work.	
of compensation clicking the "Add) with entities as descri	ibed in the instructions. Us port relationships that wer	ether you have financial relation se one line for each entity; add a e present during the 36 mont	as many lines as you need by
Section 4.	Intellectual Proper	rty Patents & Copyrig	Jhts	
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work?	Yes ✓ No

Kanna 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?
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Section 6. Disclosure Statement
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Dr. Kanna has nothing to disclose.

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earning royalties or not

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

patent



Section 1.	Identifying Inform	ation					
1. Given Name (Firs James	t Name)	2. Surnar Krieg	ne (Last Nam	ne)		3. Date 30-August-2019	
4. Are you the corre	4. Are you the corresponding author? Yes V No				Corresponding Author's Name Srikanth N. Divi		
5. Manuscript Title Description and V	alidation of the AOSp	ine Sacral I	njury Class	ification System			
6. Manuscript Iden	tifying Number (if you kn	now it)					
Sortion 2							
Section 2.	The Work Under Co	onsiderat	tion for Pu	ublication			
any aspect of the su statistical analysis, e	bmitted work (including	but not lim		ts, data monitoring		ent, commercial, private foundation, eudy design, manuscript preparation,	etc.) for
Section 3.	Relevant financial	activities	outside t	he submitted	work.		
Place a check in the of compensation) clicking the "Add Are there any rele	ne appropriate boxes i with entities as descri	n the table bed in the bort relation	e to indicate instruction haships that	e whether you ha s. Use one line fo	ave financ or each er	ial relationships (regardless of am ntity; add as many lines as you nee e 36 months prior to publication	ed by
Name of Entity		Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
DePuy Synthes			✓			consulting fees	
DePuy Synthes CMF			✓			royalties	
Seaberg Medical			✓			royalties	
Conventus					✓	stock options	
Trice Medical					✓	stock options	
MDLive					✓	stock	
Jushi					✓	stock	



Name of Entity		Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
BioStar Capital					✓	medical venture partner and stock in related holdings
ORtelligence					√	stock
	ı					
Section 4.	Intellectual Propert	y Pate	ents & Co	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.	abovo			
		that read	ders could _l		influence	d, or that give the appearance of
	wing relationships/cond					
	anuscript acceptance, jo rnals may ask authors to					sary, update their disclosure statements. elationships.
Section 6.	Disclosure Stateme	nt				
Based on the abo			omatically (generate a disclos	sure state	ement, which will appear in the box
Medical, other fr		om Trice I	Medica l , ot			c CMF, personal fees from Seaberg om Jushi, other from BioStar Capital,



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

Kleweno 1



Section 1. Identifying Inform	nation			
1. Given Name (First Name) Conor	2. Surname (Last Name) Kleweno	3. Date 30-August-2019		
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Srikanth N. Divi, MD		
5. Manuscript Title Description and Validation of the AOSp	oine Sacral Injury Classificat	tion System		
6. Manuscript Identifying Number (if you k	now it)			
Section 2. The Work Under C	onsideration for Public	cation		
	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,		
Section 3. Relevant financial	activities outside the s	submitted work.		
of compensation) with entities as descr	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 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		

Kleweno 2



Section 5.							
Section 5.	Relationships not covered above						
	relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?						
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✓ No other rela	ationships/conditions/circumstances that present a potential conflict of interest						
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements Irnals may ask authors to disclose further information about reported relationships.						
Section 6.	Disclosure Statement						
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Dr. Kleweno has	nothing to disclose.						

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Kurd 1



Section 1.	Identifying Inforn	nation					
1. Given Name (Fii Mark	e (First Name) 2. Surname (Last Name) Kurd		3. Date 27-August-2019				
4. Are you the cor	4. Are you the corresponding author?		Corresponding Author's Name Srikanth N. Divi				
5. Manuscript Title Description and Validation of the AOSpine Sacral Injury Classification System							
6. Manuscript Ider	ntifying Number (if you kı	now it)					
Section 2.	The Work Under C	onsideration for Pul	olication				
any aspect of the s statistical analysis,	ubmitted work (including	g but not limited to grants	om a third party (government, commercial, private foundation, etc.) for , data monitoring board, study design, manuscript preparation, o				
Section 3.	Relevant financial	activities outside th	e submitted work.				
of compensation clicking the "Add Are there any rel) with entities as descr	ribed in the instructions. port relationships that velocities. est?	whether you have financial relationships (regardless of amount . Use one line for each entity; add as many lines as you need by were present during the 36 months prior to publication .				
Name of Entity		Grant? Personal	Non-Financial Other? Comments				
ŕ		Fees?	Support?				
(2M Spine			✓ Consulting ✓ Clinical Trial				
Section 4.	Intellectual Prope	rty Patents & Copy					
Do you have any	patents, whether plan	nned, pending or issued,	, broadly relevant to the work? Yes V No				

Kurd 2



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Relationships not covered above						
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Disclosure Statement						
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Dr. Kurd reports other from K2M Spine, other from ISD, outside the submitted work; .						

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Continu 1						
Section 1. Identifying Inform	ation					
Given Name (First Name) Alexander	2. Surna Vaccaro	me (Last Nan	ne)		3. Date 26-August-2019	
4. Are you the corresponding author?	Yes	√ No	Corresponding Author's Name Srikanth N. Divi			
5. Manuscript Title Description and Validation of the AOSp	ine Sacral	Injury Class	ification System			
6. Manuscript Identifying Number (if you kn	ow it)					
Section 2. The Work Under Co	onsidera	tion for P	ublication			
Did you or your institution at any time recei any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not lin		ts, data monitoring		ent, commercial, private foundation, etc.) for udy design, manuscript preparation,	
Section 3. Relevant financial	activitie	s outside t	the submitted	work.		
Place a check in the appropriate boxes i of compensation) with entities as descri clicking the "Add +" box. You should rep Are there any relevant conflicts of intere If yes, please fill out the appropriate info	n the table bed in the bort relations	e to indicate instruction onships that Yes	e whether you hans. Use one line fo	ive financ or each er	ntity; add as many lines as you need by	
Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Aesculap		✓			Royalties	
Atlas Spine		✓			Royalties, Consulting	
Elsevier		✓			Royalties	
Globus Medical		/			Royalties, Stock Ownership, Consulting	
laypee Publishing		✓			Royalties	
Medtronic		✓			Royalties, Consulting	
Stryker					Royalties, Consulting	



Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
SpineWave		✓			Royalties, Consulting
Taylor Francis/Hodder & Stoughton		✓			Royalties
Thieme		✓			Royalties
Avaz Surgica l		✓			Stock Ownership
Bonovo Orthopaedics		✓			Stock Ownership
Computational Biodynamics		✓			Stock Ownership
Cytonics		\checkmark			Stock Ownership
Dimension Orthotics		✓			Stock Ownership
Electrocore		✓			Stock Ownership
Flagship Surgical		✓			Stock Ownership
FlowPharma		\checkmark			Stock Ownership
Franklin Bioscience		\checkmark			Stock Ownership
Gamma Spine		\checkmark			Stock Ownership
Innovative Surgical Design		\checkmark			Stock Ownership, Consulting
Insight Therapeutics		✓			Stock Ownership
Nuvasive		✓			Stock Ownership, Consulting
Paradigm Spine		✓			Stock Ownership
Parvizi Surgical Innovations		✓			Stock Ownership
Prime Surgeons		\checkmark			Stock Ownership
Progressive Spinal Technologies		\checkmark			Stock Ownership
Replication Medica		✓			Stock Ownership
Spine Medica		✓			Stock Ownership
Spinology		\checkmark			Stock Ownership
Stout Medical		✓			Stock Ownership, Consulting
Vertiflex		✓			Stock Ownership
DePuy, Johnson and Johnson		✓			Consulting
Gerson Lehrman Group		✓			Consulting
Guidepoint		V			Consulting
Orthobullets		✓			Consulting



Section 4						
Section 4. Intellectual Property Patents & Copyrights						
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo						
Section 5. 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 statemen On occasion, journals may ask authors to disclose further information about reported relationships.						
Section 6. Disclosure Statement						

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Dr. Vaccaro reports personal fees from Aesculap, personal fees from Atlas Spine, personal fees from Elsevier, personal fees from Globus Medical, personal fees from Jaypee Publishing, personal fees from Medtronic, personal fees from Stryker, personal fees from SpineWave, personal fees from Taylor Francis/Hodder & Stoughton, personal fees from Thieme, personal fees from Avaz Surgical, personal fees from Bonovo Orthopaedics, personal fees from Computational Biodynamics, personal fees from Cytonics, personal fees from Dimension Orthotics, personal fees from Electrocore, personal fees from Flagship Surgical, personal fees from FlowPharma, personal fees from Franklin Bioscience, personal fees from Gamma Spine, personal fees from Innovative Surgical Design, personal fees from Insight Therapeutics, personal fees from Nuvasive, personal fees from Paradigm Spine, personal fees from Parvizi Surgical Innovations, personal fees from Prime Surgeons, personal fees from Progressive Spinal Technologies, personal fees from Replication Medica, personal fees from Spine Medica, personal fees from Spinology, personal fees from Stout Medical, personal fees from Vertiflex, personal fees from DePuy, Johnson and Johnson, personal fees from Gerson Lehrman Group, personal fees from Guidepoint, personal fees from Orthobullets, from null, outside the submitted work;



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earning royalties or not

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

patent

Tee 1



Section 1.	Identifying Inform	nation						
1. Given Name (Fii Jin	rst Name)	2. Surname (Last Name) Tee	3. Date 26-August-2019					
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Srikanth N. Divi					
5. Manuscript Title Description and		ine Sacral Injury Classifica	tion System					
6. Manuscript Ider	ntifying Number (if you kr	now it)						
			_					
Section 2.	Section 2. The Work Under Consideration for Publication							
any aspect of the s statistical analysis,	ubmitted work (including	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,					
Section 3.	Relevant financial	activities outside the s	submitted work.					
of compensation clicking the "Add	n) 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 patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo								

Tee 2



Section 5. Relationships not solvered above						
Relationships not covered above						
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Section 6. Disalogues Statement						
Disclosure Statement						
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.						
Dr. Tee has nothing to disclose.						

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

Popescu 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Eugen Cezar	2. Surname (Last Name) Popescu	3. Date 10-September-2019
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Srikanth N Divi
5. Manuscript Title Description and validation of the AOSp	oine sacral injury classificat	ion system
6. Manuscript Identifying Number (if you k	now it)	
Section 2. The Work Under C	onsideration for Publi	cation
	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
The there dry relevant commets of mice	est	
Section 3. Relevant financial	activities outside the s	submitted work.
of compensation) with entities as descr	ribed in the instructions. Us port relationships that we	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 Prope	rty Patents & Copyri	ghts
Do you have any patents, whether plan	nned, pending or issued, br	roadly relevant to the work? Yes V No

Popescu 2



Section 5.	Relationships not covered above				
_	Relationships not covered above				
	relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?				
Yes, the following relationships/conditions/circumstances are present (explain below):					
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Section 6.	Disclosure Statement				
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box				
Dr. Popescu has	nothing to disclose.				

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

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Section 1.	Identifying Inform	nation				
1. Given Name (Fii Klaus John	rst Name)	2. Surname (Last Schnake	Name)	3. Date 07-September-2019		
4. Are you the cor	responding author?	Yes 🗸 N		Corresponding Author's Name Srikanth N. Divi		
5. Manuscript Title Description and Validation of the AOSpine Sacral Injury Classification System						
6. Manuscript Ider	ntifying Number (if you kr	now it)				
Section 2.	The Work Under Co	onsideration fo	r Publication			
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to g		(government, commerci g board, study design, m	al, private foundation, etc.) for anuscript preparation,	
Section 3.	Relevant financial	activities outsid	de the submitted	work.		
of compensation clicking the "Add Are there any rel) with entities as descri	ibed in the instruc port relationships est?	tions. Use one line t		nips (regardless of amount many lines as you need by prior to publication .	
Name of Entity		Grant? Person	Non-Financial Support	Other? Comment	s	
AOSpine Internationa	al			✓ Travel Suppo	rt	
Section 4.	Intellectual Proper	rty Patents & (Copyrights			
Do you have any	patents, whether plan	ned, pending or is	sued, broadly relev	ant to the work?	es 🗸 No	

Schnake 2



Section 5. Polationships not severed 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):
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Royalties: Funds are coming in to you or your institution due to your

1

administrative support, etc.



Section 1.	Identifying Inform	ation		
1. Given Name (Fi Sander	rst Name)	2. Surname (Last Name) Muijs 3. Date 30-August-2019		
4. Are you the cor	responding author?	Yes 🗸 No	No Corresponding Author's Name Srikanth N. Divi	
5. Manuscript Title Description and Validation of the AOSpine Sacral Injury Classification Syste				
6. Manuscript Ider	ntifying Number (if you kn	ow it)		
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Section 2.	The Work Under Co	onsideration for Publ	ication	
any aspect of the s statistical analysis, Are there any rel If yes, please fill o	ubmitted work (including etc.)? evant conflicts of intere	but not limited to grants, onest? Yes No ormation below. If you hard the "X" button.	lata monitoring board, ive more than one er	ment, commercial, private foundation, etc.) for study design, manuscript preparation, ntity press the "ADD" button to add a row.
Name of Institut	ion/Company	Grant? Personal No	on-Financial Other Support?	? Comments
AOSpine		✓		
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of compensation clicking the "Adc Are there any rel) with entities as descril	bed in the instructions. Uport relations were that we	Jse one line for each	ncial relationships (regardless of amount entity; add as many lines as you need by he 36 months prior to publication.
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Do you have any	patents, whether planr	ned, pending or issued, b	proadly relevant to th	ne work? Yes V No

Muijs 2



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Dr. Muijs reports grants from AOSpine, during the conduct of the study; .

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patent

Schroeder 1



Section 1. Identifying Inform	nation					
1. Given Name (First Name) Gregory	2. Surname (Last Name) 3. Date Schroeder 26-August-2019					
4. Are you the corresponding author?	Yes ✓ No Corresponding Author's Name Srikanth N. Divi					
5. Manuscript Title Description and Validation of the AOSp	ine Sacral	Injury Classifi	cation System			
6. Manuscript Identifying Number (if you k	now it)					
Section 2. The Work Under C	onsidera	tion for Pub	lication			
Did you or your institution at any time rece any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of inter	g but not lin		data monitorin			
Section 3. Relevant financial	activitie	s outside the	e submitted	work.		
Place a check in the appropriate boxes of compensation) with entities as descr clicking the "Add +" box. You should re Are there any relevant conflicts of interesting the please fill out the appropriate info	ibed in the port relation est? ✓	e instructions. onships that w Yes \(\textstyle \textstyle\) No	Use one line f vere present c	or each entit	y; add as many lines as y	ou need by
Name of Entity	Grant?	Personal N	lon-Financial Support [?]	Other?	Comments	
Advance Medical				√ Co	nsulting	
Stryker				✓ Co	nsulting	
Zimmer				✓ Co	nsulting	
AOSpine				✓ Re	search Support	
Medtronic				✓ Re	search Support	
Medtronic Sofamor Danek				✓ Re	search Support	

Schroeder 2



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Dr. Schroeder reports other from Advance Medical, other from Stryker, other from Zimmer, other from AOSpine, other from Medtronic, other from Medtronic Sofamor Danek, outside the submitted work; .

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