

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)	2. Surname (Last Name)	3. Date
Cameron	Barton	10-November-2017
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Corresponding Author's Name		
Andriy Noshchenko		
5. Manuscript Title		
Different types of mechanical complications after surgical correction of adult spine deformity with osteotomy		
6. Manuscript Identifying Number (if you know it)		
36210		

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

ADD

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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

ADD

Section 4. Intellectual Property -- Patents & Copyrights

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

Section

Identifying

1. Given Name (First Name)

Andriy

SAVE

2. Surname (Last Name)

Noshchenko

SAVE

3. Date

10-November-2017

SAVE

4. Are you the corresponding author?

Yes

No

SAVE

Corresponding Author's Name

Andriy Noshchenko

SAVE

☐ ☐

5. Manuscript Title

Different types of mechanical complications after surgical correction of adult spine deformity with osteotomy

SAVE

6. Manuscript Identifying Number (if you know it)

36210

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Section

The Work Under Consideration for

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Are there any relevant conflicts of interest?

Yes

No

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☐ ☐

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Relevant financial activities outside the submitted

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Are there any relevant conflicts of interest?

Yes

No

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ADD

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Section

Intellectual Property -- Patents &

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

Yes

No

ADD

☐☒

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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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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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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

Disclosure

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

Dr. Noshchenko has nothing to disclose.

Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.

Dr. Noshchenko has nothing to disclose.



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1. Given Name (First Name)

Christopher

SAVE

2. Surname (Last Name)

Cain

SAVE

3. Date

08-November-2017

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4. Are you the corresponding author?

Yes

No

SAVE

Corresponding Author's Name

Andriy Noshchenko

SAVE

☐☐

5. Manuscript Title

Different types of mechanical complications after surgical correction of adult spine deformity with osteotomy

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6. Manuscript Identifying Number (if you know it)

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The Work Under Consideration for

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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.

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☒☐

Name of	Grant	Personal	Non-Financial	Other	Comment	
Medtronic Sofamore-	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research	×
Aescula	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research	×
SI	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research	×
Vertifile	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research	×
Medicre	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research	×
Orthofi	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research	×
Integra Life Sciences	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research	×
Pfize	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research	×

Cain
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Name of	Grant?	Personal	Non-Financial	Other?	Comments	
Spinal Kinetics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research Grant	<input checked="" type="checkbox"/>
DePuy Synthes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research Grant	<input checked="" type="checkbox"/>
Musculoskeletal Transplant Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research Grant	<input checked="" type="checkbox"/>
National Institute of Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research Grant	<input checked="" type="checkbox"/>
Medacta	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research Grant	<input checked="" type="checkbox"/>
						ADD

Section

Intellectual Property -- Patents &

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

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If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

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Patent	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments	
Intervertebral spacers - SynFix and ZeroP products	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DePuy Synthes	No conflict in relation to this work	<input checked="" type="checkbox"/>
							ADD

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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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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Disclosure

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

Generate Disclosure Statement

Dr. Cain reports grants from Medtronic Sofamore-Danek, grants from Aesculap, grants from SI Bone, grants from Vertiflex, grants from Medtronic, grants from Orthofix, grants from Integra Life Sciences Corporation, grants from Pfizer, grants from Spinal Kinetics, grants from DePuy Synthes, grants from Musculoskeletal Transplant Foundation, grants from National Institute of Health, grants from Medacta, outside the submitted work; In addition, Dr. Cain has a patent Intervertebral spacers - SynFix and ZeroP products pending to DePuy Synthes.

Evaluation and Feedback

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1. Given Name (First Name)

Christopher

SAVE

2. Surname (Last Name)

Kleck

SAVE

3. Date

13-November-2017

SAVE

4. Are you the corresponding author?

Yes

No

SAVE

Corresponding Author's Name

Andriy Noshchenko

SAVE

☐☐

5. Manuscript Title

Different types of mechanical complications after surgical correction of adult spine deformity with osteotomy

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6. Manuscript Identifying Number (if you know it)

36210

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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

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Are there any relevant conflicts of interest? Yes No

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Intellectual Property -- Patents &

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

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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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Dr. has nothing to disclose.



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1. Given Name (First Name)

Vikas

SAVE

2. Surname (Last Name)

Patel

SAVE

3. Date

07-November-2017

SAVE

4. Are you the corresponding author?

Yes

No

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Corresponding Author's Name

Andriy Noshchenko

SAVE

☐☐

5. Manuscript Title

Different types of mechanical complications after surgical correction of adult spine deformity with osteotomy

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6. Manuscript Identifying Number (if you know it)

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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

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Relevant financial activities outside the submitted

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Are there any relevant conflicts of interest? Yes
No If yes, please fill out the appropriate information below.

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Name of	Grant ?	Personal	Non-Financial	Other ?	Comments	
Aesculap	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		x
Pfizer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		x
Medicrea	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		x
Orthofix	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		x
Premia Spine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		x
Mainstay	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		x
Globus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		x
SI Bone	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		x

Patel
2



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

Yes

No

SAVE

ADD

☐☐

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?

SAVE

ADD

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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Generate Disclosure Statement

Dr. Patel reports grants from Aesculap, grants from Pfizer, grants from Medicea, grants from Orthofix, grants from Premia Spine, grants from Mainstay, grants from Globus, grants from SI Bone, outside the submitted work; .

Evaluation and Feedback

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Generate Disclosure Statement

Dr. Patel reports grants from Aesculap, grants from Pfizer, grants from Medicea, grants from Orthofix, grants from Premia Spine, grants from Mainstay, grants from Globus, grants from SI Bone, outside the submitted work; .



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SAVE

1. Given Name (First Name)
Evalina

SAVE

2. Surname (Last Name)
Burger

SAVE

3. Date
08-November-2017

SAVE

4. Are you the corresponding author? Yes No

SAVE

Corresponding Author's Name
Andriy Noshchenko

SAVE

☐ ☐

5. Manuscript Title
Different types of mechanical complications after surgical correction of adult spine deformity with osteotomy

SAVE

6. Manuscript Identifying Number (if you know it)
36210

SAVE

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.)?

SAVE

Are there any relevant conflicts of interest?

SAVE

✓ Yes No

SAVE

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If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

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Name of						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<div>XAD</div>

Section

Relevant financial activities outside the submitted

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Are there any relevant conflicts of interest? Yes No

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Section

Intellectual Property -- Patents &

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

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Relationships not covered

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

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Generate Disclosure Statement

Dr. Burger reports grants from Medicea, during the conduct of the study; .

Evaluation and Feedback

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Generate Disclosure Statement

Dr. Burger reports grants from Medicrea, during the conduct of the study; .

Burger
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