

ICMJE Form for Disclosure of Potential Conflicts of Interest

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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4. Intellectual Property.

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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) Bilal	2. Surname (Last Name) Butt	3. Date 06-May-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Ilyas Aleem
5. Manuscript Title Surgical Correction of Rigid Cervicothoracic Deformity in a Transgender Patient: Case Report		
6. Manuscript Identifying Number (if you know it) JSS-20-584		

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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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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Butt has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Paul	2. Surname (Last Name) Gagnet	3. Date 06-May-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Ilyas Aleem
5. Manuscript Title Surgical Correction of Rigid Cervicothoracic Deformity in a Transgender Patient: Case Report		
6. Manuscript Identifying Number (if you know it) JSS-20-584		

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

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Dr. Gagnet has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Joshua

2. Surname (Last Name)
Piche

3. Date
06-May-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Ilyas Aleem

5. Manuscript Title
Surgical Correction of Rigid Cervicothoracic Deformity in a Transgender Patient: Case Report

6. Manuscript Identifying Number (if you know it)
JSS-20-584

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4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Ilyas Aleem
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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Globus Medical	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Patel reports personal fees from Globus Medical, outside the submitted work; .

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1. Given Name (First Name)

Ilyas

2. Surname (Last Name)

Aleem

3. Date

06-May-2020

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Orthofix	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research funding

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