

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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)
Peter

2. Surname (Last Name)
Swiatek

3. Date
18-June-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Intraoperative Image Guidance for Lateral Position Surgery

6. Manuscript Identifying Number (if you know it)

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.)?

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Swiatek 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) Michael h	2. Surname (Last Name) McCarthy	3. Date 05-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name _____
5. Manuscript Title Intraoperative Image Guidance for Lateral Position Surgery		
6. Manuscript Identifying Number (if you know it) _____		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. McCarthy 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) Joseph	2. Surname (Last Name) Weiner	3. Date 18-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Peter Swiatek
5. Manuscript Title Intraoperative Image Guidance for Lateral Position Surgery		
6. Manuscript Identifying Number (if you know it)		

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Dr. Weiner has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Shivani

2. Surname (Last Name)

Bhargava

3. Date

18-June-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Peter Swiatek

5. Manuscript Title

Intraoperative Image Guidance for Lateral Position Surgery

6. Manuscript Identifying Number (if you know it)

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2. Surname (Last Name)

Vaishnav

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18-June-2020

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Corresponding Author's Name

Peter R. Swiatek, MD

5. Manuscript Title

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6. Manuscript Identifying Number (if you know it)

ATM-2020-IOI-10

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4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Peter Swiatek
5. Manuscript Title Intraoperative Image Guidance for Lateral Position Surgery		
6. Manuscript Identifying Number (if you know it) _____		

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

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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**.

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If yes, please fill out the appropriate information below.

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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? Yes No

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Dr. Iyer reports personal fees from Globus Medical, Inc. , personal fees from Healthgrades, other from Innovasis, outside the submitted work; .

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