

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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Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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earning royalties or not

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

patent

1 Ogura



Section 1.	Identifying Informa	ation				
1. Given Name (Firs Yoji	st Name)	2. Surnan Ogura	ne (Last Name)	3. Date 22-September-2020		
4. Are you the corre	Are you the corresponding author?					
5. Manuscript Title Multi-Modal Pain		nterior Lu	mbar Fusion Drastically Reduces In-Hosp	oital Opioid Consumption		
6. Manuscript Ident	tifying Number (if you kno	ow it)				
Section 2.	The Work Under Co	nsiderat	ion for Publication			
any aspect of the su statistical analysis, e Are there any rele	ıbmitted work (including	but not lim	t or services from a third party (government, ited to grants, data monitoring board, study es No			
Section 3.	Relevant financial a	ctivities	outside the submitted work.			
of compensation) clicking the "Add	with entities as describ	oed in the ort relatio	to indicate whether you have financial instructions. Use one line for each entity nships that were present during the 36 es	; add as many lines as you need by		
Section 4.	Intellectual Propert	ty Pate	nts & Copyrights			
			ng or issued, broadly relevant to the wo	·k? ☐ Yes ✓ No		

Ogura 2



Section 5. Polationships not solvered phase
Relationships not covered above
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Section 6. Disclosure Statement
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Dr. Ogura has nothing to disclose.

Evaluation and Feedback

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patent

Gum 1



Section 1. Identifying Inform	ation						
1. Given Name (First Name) Jeffrey	2. Surname Gum	e (Last Nan	ne)		3. Date 22-September-2020		
4. Are you the corresponding author?	the corresponding author? Yes Yoji Ogura Corresponding Author's Name						
5. Manuscript Title Multi-Modal Pain Control Regimen for A	nterior Lum	nbar Fusio	on Drastically Red	luces In-F	Hospital Opioid Consumption		
6. Manuscript Identifying Number (if you kn JSS-20-629-R1	ow it)						
Section 2. The Work Under Co	onsiderati	on 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 limit	ed to gran					
Section 3. Relevant financial	activities o	outside 1	the submitted	work.			
Place a check in the appropriate boxes in 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	bed in the in port relation st?	nstruction ships tha es	ns. Use one line fo t were present d No	or each er	ntity; add as many lines as you need	d by	
Name of Entity	Grant ⁷	Personal Fees?	Non-Financial Support?	Other ?	Comments		
Acuity		✓			Royality		
Medtronic		√			Consulting		
DePuy		√			Consulting		
Alphatec		✓			Consulting		
Stryker					Consulting		
Acuity					Consulting		
K2M					Consulting		
NuVasive					Consulting		

Gum 2



Name of Entity	Grant? Personal Fees?	Non-Financial Support?	Other?	Comments	
Pfizer				Research support	
Section 4. Intellectual Propert	y Patents & Cop	yrights			
Do you have any patents, whether plann	ed, pending or issued	d, broadly relevar	nt to the v	vork? ☐ Yes ✓ No	
Section 5. Relationships not o	overed above				
Are there other relationships or activities potentially influencing, what you wrote i			nfluenced	l, or that give the appearance of	
Yes, the following relationships/cond	litions/circumstances	are present (exp	olain belov	w):	
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At the time of manuscript acceptance, jo On occasion, journals may ask authors to					ements.
Section 6. Disclosure Stateme	nt				
Based on the above disclosures, this forn below.	n will automatically g	enerate a disclos	ure stater	ment, which will appear in the bo	ΣX
Dr. Gum reports personal fees from Acui Alphatec, from Stryker, from Acuity, fro					

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Steele 1



Section 1.	4!	
Identifying Inform	nation	
Given Name (First Name) Portia	2. Surname (Last Name) Steele	3. Date 22-September-2020
4. Are you the corresponding author?	☐ Yes 🗸 No	Corresponding Author's Name Yoji Ogura
5. Manuscript Title Multi-Modal Pain Control Regimen for A	Anterior Lumbar Fusion Dr	astically Reduces In-Hospital Opioid Consumption
6. Manuscript Identifying Number (if you kr JSS-20-629-R1	now it)	_
Continue 2		
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 ita monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the s	ubmitted 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 Branch		
Intellectual Proper	rty Patents & Copyri	hts
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No

Steele 2



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patent

Crawford 1



Section 1. Identifying Inform				
Identifying Inform	ation			
Given Name (First Name) Charles	2. Surname (Last Name) Crawford		3. Date 22-September-2020	_
4. Are you the corresponding author?	Yes ✓ No	Corresponding Aut Yoji Ogura	nor's Name	
5. Manuscript Title Multi-Modal Pain Control Regimen for A	nterior Lumbar Fusion Di	rastically Reduces In-	Hospital Opioid Consumption	_
6. Manuscript Identifying Number (if you kn JSS-20-629-R1	ow it)			
Section 2. The Work Under Co	onsideration for Publi	cation		
Did you or your institution at any time receir any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grants, da			or
Section 3. Relevant financial a	activities outside the	submitted work.		
Place a check in the appropriate boxes in of compensation) with entities as descriction clicking the "Add +" box. You should repare there any relevant conflicts of interesting the specific propriate info	bed in the instructions. Uport relationships that we st? Yes No	se one line for each	entity; add as many lines as you need by	
Name of Entity	Grant'	n-Financial Support?	Comments	
Alphatec			Royality	_
Medtronic			Consulting	
NuVasive			Consulting	
Alphatec			Consulting	
Medtronic			Speaking/Teaching/Advisory	
Titan			Speaking/Teaching	
SRS Committee			travel expense	
NASS Committee			travel expense	

Crawford 2



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?
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Dr. Crawford reports personal fees from Alphatec, personal fees from Medtronic, personal fees from NuVasive, personal fees from Alphatec, personal fees from Titan, personal fees from SRS Committee, personal fees from NASS Committee, outside the submitted work; .

Evaluation and Feedback

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Crawford 3



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Djurasovic 1



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4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Name Yoji Ogura
5. Manuscript Title Multi-Modal Pair		Anterior Lumbar Fus	on Drastically Reduces In-Hospital Opioid Consumption
6. Manuscript Ider JSS-20-629-R1	ntifying Number (if you kr	now it)	
Section 2.			
	The Work Under C		
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to gra	s from a third party (government, commercial, private foundation, etc.) for nts, data monitoring board, study design, manuscript preparation, No
Section 3.	Relevant financial	activities outside	the submitted work.
of compensation clicking the "Add Are there any rele) with entities as descr +" box. You should re evant conflicts of intere	ibed in the instruction port relationships the est? Yes	te whether you have financial relationships (regardless of amount ons. Use one line for each entity; add as many lines as you need by at were present during the 36 months prior to publication . No
If yes, please fill o	out the appropriate info	ormation below.	
Name of Entity		Grant? Personal Fees?	Non-Financial Support? Comments
Medtronic			Consulting
NuVasive			Consulting
Section 4.	Intellectual Prope	rty Patents & Co	pyrights
Do you have any	patents, whether plan	ned, pending or issu	ed, broadly relevant to the work? Yes V No

Djurasovic 2



Section F
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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



Section 1. Identifying Inform	-4:			
Identifying Inform	ation			
1. Given Name (First Name) Kirk	2. Surname (Last Name) Owens		3. Date 22-September-2020	
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Auth	or's Name	
5. Manuscript Title Multi-Modal Pain Control Regimen for A	nterior Lumbar Fusion Dr	astically Reduces In-	Hospital Opioid Consumption	
6. Manuscript Identifying Number (if you known JSS-20-629-R1	ow it)	_		
Section 2. The Work Under Co	nsideration for Public	cation		
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			c.) for
Section 3. Relevant financial a	activities outside the s	submitted 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. Use ort relationships that were st? Yes No	se one line for each e	ntity; add as many lines as you need	by by
Name of Entity	Grant'	n-Financial Other	Comments	
Medtronic			Consulting	
NuVasive			Consulting	
Pfizer	✓			
Texas Scottish Rite Hospital	✓			
Alan L. & Jacqueline B. Stuart Spine Research	✓			
Cerapedics	✓			
SRS	✓			
Medtronic				



Name of Entity	Grant? Personal Fees?	Non-Financial Support?	Other?	Comments	
OREF	✓				
ISSG	✓				
Section 4. Intellectual Propert	ty Patents & Co	pyrights			
Do you have any patents, whether plann	ed, pending or issue	ed, broadly relevar	nt to the v	vork? Yes V No	
Section 5. Relationships not o	overed above				
Are there other relationships or activities potentially influencing, what you wrote i			nfluenced	, or that give the appearance of	
Yes, the following relationships/cond	litions/circumstance	es are present (exp	lain belov	v):	
No other relationships/conditions/cir					
At the time of manuscript acceptance, jo On occasion, journals may ask authors to					ements.
Section 6. Disclosure Stateme	nt				
Based on the above disclosures, this forn below.	n will automatically	generate a disclosi	ure stater	nent, which will appear in the bo	ΣX
Dr. Owens reports personal fees from Me Rite Hospital, grants from Alan L. & Jacqu from Medtronic, grants from OREF, gran	ueline B. Stuart Spin	e Research, grants	from Cer		



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patent

1 Laratta



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Joseph	2. Surname (Last Name) Laratta	3. Date 22-September-2020
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Yoji Ogura
5. Manuscript Title Multi-Modal Pain Control Regimen for	Anterior Lumbar Fusion Dr	rastically Reduces In-Hospital Opioid Consumption
6. Manuscript Identifying Number (if you k JSS-20-629-R1	now it)	_
Section 2		
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 ita monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the s	submitted work.
Place a check in the appropriate boxes of compensation) with entities as descr	in the table to indicate wh ibed 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 & Copyric	ghts
Do you have any patents, whether plan		

Laratta 2



Section 5. Polotionaking not governed 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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Davis 1



Section 1. Identifying Inform	mation	
Given Name (First Name) Eric	Surname (Last Name) Davis	3. Date 22-September-2020
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Yoji Ogura
5. Manuscript Title Multi-Modal Pain Control Regimen for	Anterior Lumbar Fusion Di	rastically Reduces In-Hospital Opioid Consumption
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Section 2. The Work Under C	Consideration for Publi	cation
Did you or your institution at any time rece	eive payment or services from 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. Relevant financial		
Relevant financia	activities outside the	ubmitted work.
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Section 4. Intellectual Brane		
Intellectual Prope	rty Patents & Copyri	ghts
Do you have any patents, whether plar	nned, pending or issued, br	roadly relevant to the work? Yes V No

Davis 2



Section 5. Polationships not sovered above
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Brown 1



Section 1. Identifying Inform		
Identifying Inform	nation	
Given Name (First Name) Morgan	2. Surname (Last Name) Brown	3. Date 22-September-2020
4. Are you the corresponding author?	☐ Yes 🗸 No	Corresponding Author's Name Yoji Ogura
5. Manuscript Title Multi-Modal Pain Control Regimen for	Anterior Lumbar Fusion Dr	astically Reduces In-Hospital Opioid Consumption
6. Manuscript Identifying Number (if you k JSS-20-629-R1	now it)	_
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Section 4. Intellectual Prope	rty Patents & Copyric	hts
Do you have any patents, whether plar	nned, pending or issued, br	oadly relevant to the work? Yes V No

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Section 5. Polotionships not sovered above
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Daniel 1



Section 1.		
Identifying Inforn	nation	
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4. Are you the corresponding author?	☐ Yes 🗸 No	Corresponding Author's Name Yoji Ogura
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Dimar 1



Section 1. Identifying Infor	mation		
1. Given Name (First Name) John	2. Surname (Last Name Dimar)	3. Date 22-September-2020
4. Are you the corresponding author?	Yes ✓ No	Corresponding Autl Yoji Ogura	hor's Name
5. Manuscript Title Multi-Modal Pain Control Regimen for	Anterior Lumbar Fusion	Drastically Reduces In-	-Hospital Opioid Consumption
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	eribed in the instructions. eport relationships that vertest?	Use one line for each overe present during t	ncial relationships (regardless of amount entity; add as many lines as you need by he 36 months prior to publication.
Name of Entity	Grant? Personal Fees?	Non-Financial Support? Other	? Comments
Medtronic			Consulting/Royalty
DePuy			Consulting
Federation Of Spine Association			Board of director
SRS			Board of director
Pfizer			Research support

Dimar 2



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			
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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. Dimar reports personal fees from Medtronic, personal fees from DePuy, other from Federation Of Spine Association, other from SRS, personal fees from Pfizer, outside the submitted work; .			

Evaluation and Feedback

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Dimar 3



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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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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"

3. Relevant financial activities outside the submitted work.

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

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

Glassman 1



Section 1.	Identifying Inforn	nation	
1. Given Name (Fi	rst Name)	2. Surname (Last Name Glassman	e) 3. Date 22-September-2020
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Yoji Ogura
5. Manuscript Title Multi-Modal Pair		Anterior Lumbar Fusior	n Drastically Reduces In-Hospital Opioid Consumption
6. Manuscript Ider JSS-20-629-R1	ntifying Number (if you k	now it)	
Section 2.	The Work Under C	onsideration for Pu	blication
any aspect of the s statistical analysis, Are there any rel	ubmitted work (including	g but not limited to grants	rom a third party (government, commercial, private foundation, etc.) for s, data monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside th	ne submitted work.
of compensation clicking the "Add Are there any rel) with entities as descr	ribed in the instructions port relationships that est? Yes N	whether you have financial relationships (regardless of amount s. 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?	Non-Financial Other? Comments
Medtronic			Consulting/Royalty
	ı		
Section 4.	Intellectual Prope	rty Patents & Copy	yrights
Do you have any	patents, whether plan	nned, pending or issued	d, broadly relevant to the work?

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Section 5.	
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. rnals may ask authors to disclose further information about reported relationships.
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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

Carreon 1



Identifying Information

Section 1.

1. Given Name (First Name)

ICMJE Form for Disclosure of Potential Conflicts of Interest

2. Surname (Last Name)

3. Date

Leah	Carreon			22-September-2020			
4. Are you the corresponding author?	Yes	√ No	-	Corresponding Author's Name Yoji Ogura			
5. Manuscript Title Multi-Modal Pain Control Regimen for	Anterior Lu	ımbar Fusio	on Drastically Rec	luces In-H	Hospital Opioid Consumption		
6. Manuscript Identifying Number (if you k JSS-20-629-R1	now it)						
Section 2. The Work Under C	Considera	tion for P	ublication				
Did you or your institution at any time reco any aspect of the submitted work (includin statistical analysis, etc.)? Are there any relevant conflicts of inter	g but not lim	nited to grar				tc.) for	
Section 3. Relevant financial	activities	outside	the submitted	work.			
Place a check in the appropriate boxes of compensation) with entities as desc clicking the "Add +" box. You should re Are there any relevant conflicts of interesting the second	ribed in the eport relation rest?	instruction onships tha Yes	ns. Use one line fo	or each er	ntity; add as many lines as you nee	d by	
Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments		
AO spine		✓			Consulting		
Center for Spine Surgery and Research of the University of Southern Denmark		✓			Travel expense		
University of Louisville Institutional Review Board		✓			Travel expense		
Scoliosis Research Society Research	✓						
Orthopedic Educational Research Fund	✓						
Integra	✓						
Pfizer	✓						

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Name of Entity	Grant? Personal Fees?	Non-Financial O	ther? Comments					
Pfizer			Research support					
Section 4. Intellectual Propert	ty Patents & Copy	yrights						
Do you have any patents, whether plann	ied, pending or issued	, broadly relevant	to the work? Yes	No				
Section 5. Relationships not o	overed above							
Are there other relationships or activities potentially influencing, what you wrote			uenced, or that give the app	pearance of				
Yes, the following relationships/cond	ditions/circumstances	are present (expla	in below):					
✓ No other relationships/conditions/circumstances that present a potential conflict of interest								
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Section 6. Disclosure Stateme	ent							
Based on the above disclosures, this form below.		enerate a disclosur	e statement, which will appo	ear in the box				
Dr. Carreon reports personal fees from A of Southern Denmark, personal fees from Society Research, grants from Orthoped from Pfizer, outside the submitted work	m University of Louisvi lic Educational Researd	ille Institutional Re	view Board, grants from Sco	oliosis Research				

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