

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

In accordance with [NASS' Universal Disclosure Policy](#), *The Spine Journal* expects all authors complete the following process to ensure that every manuscript submitted to *The Spine Journal* includes the necessary Conflict of Interest disclosure. The form is designed to be completed and stored electronically and contains four parts.

Note: Corresponding authors are responsible for ensuring each author receives the link to this document and that they provide a completed form. They are also responsible for uploading all author disclosures. Submissions with missing or outdated disclosures will not be reviewed.

1. Identifying Information

Enter your full name. If you are NOT the corresponding author please check the box "no" and enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

2. Relationships Pertaining to Submitted Manuscript

This section asks for information about the work you are submitting 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". Then complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

3. Financial Relationship (Universal Disclosure)

The NASS disclosure policy requires authors to disclose estimated dollar amounts **to the nearest \$1000 for activities taking place in the previous 36 months.** Financial disclosures in the *The Spine Journal* will be shown in ranges of estimated dollar amounts. NASS will translate estimated amounts submitted by authors into ranges for presentation in *The Spine Journal*. NASS respects that there are confidentiality agreements, legal issues, and practical barriers that might prevent public disclosure of more detailed information. The disclosure format, however, retains the intent of the policy: to disclose any and all participant relationships and to allow readers to judge whether or not a relationship constitutes a conflict of interest or source of bias with respect to information that is presented in the manuscript. *The Spine Journal* authors are required to disclose all relationships with industry, including relationships in negotiation. Relationships still in the negotiation phase will be classified with the same terminology on the basis of estimated potential future value. For further guidance and explanation regarding this policy and ramifications of policy violations, please refer to the [NASS Disclosure Policy \(revised June 2011\)](#).

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Use this section to report 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 1. Identifying Information

1. Given Name (First Name) Manuel 2. Surname (Last Name) Moser 3. Date (use drop-down menu) 16-March-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Kyphoplasty versus percutaneous posterior instrumentation for osteoporotic vertebral fractures with posterior wall injury: a propensity score matched cohort study

6. Manuscript Identifying Number (if you know it)

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1. Grant	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X ADD
2. Consulting fee or honorarium	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X ADD
3. Support for travel to meetings for the study or other purposes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X ADD
5. Payment for writing or reviewing the manuscript	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X ADD
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7. Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			ADD
						X
						ADD

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1. Physician-Owned Distributorship	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
2. Royalties	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
3. Stock Ownership	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
4. Private Investments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
5. Consulting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
6. Speaking and/or Teaching Arrangements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
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8. Board of Directors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			ADD
						X
						ADD
9. Scientific Advisory Board/Other Office	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
10. Endowments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
11. Research Support (Investigator Salary, Staff/Materials)^	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
						ADD
12. Grants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
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13. Fellowship Support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			X
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Section 1. Identifying Information

1. Given Name (First Name) Julien	2. Surname (Last Name) Jost	3. Date (use drop-down menu) 16-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Manuel Moser
5. Manuscript Title Kyphoplasty versus percutaneous posterior instrumentation for osteoporotic vertebral fractures with posterior wall injury: a propensity score matched cohort study		
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Edin

2. Surname (Last Name)
Nevzati

3. Date (use drop-down menu)
15-March-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Manuel Moser

5. Manuscript Title
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