

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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Virk 1



Section 1.	•	
Identifying Inform	nation	
1. Given Name (First Name) Sohrab	2. Surname (Last Name) Virk	3. Date 21-October-2020
4. Are you the corresponding author?	✓ Yes No	
5. Manuscript Title Factors influencing UIV selection in Ad	ult Spinal Deformity patients: Qualitative case-based	survey of deformity surgeons
6. Manuscript Identifying Number (if you k	znow it)	
Section 2. The Work Under C	Consideration for Publication	
any aspect of the submitted work (includin statistical analysis, etc.)? Are there any relevant conflicts of inter	eive payment or services from a third party (government, cong but not limited to grants, data monitoring board, study dotest?	
Section 3. Relevant financial	activities outside the submitted work.	
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Section 4. Intellectual Prope		
Intellectual Prope	rty Patents & Copyrights	
Do you have any patents, whether plan	nned, pending or issued, broadly relevant to the work	☐ Yes ✓ No</td

Virk 2



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Disciosare statement
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Dr. Virk has nothing to disclose.

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Platz 1



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5. Manuscript Title Factors influenci		ult Spinal Deformity patier	its: Qualitative case-based s	urvey of deformity surgeons
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Section 2.	The Work Under Co	onsideration for Public	cation	
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Section 3.	Relevant financial	activities outside the s	submitted work.	
of compensation clicking the "Add) with entities as descri	bed in the instructions. Use port relationships that wer	se one line for each entity; a	ationships (regardless of amount dd as many lines as you need by nonths prior to publication.
Section 4.	Intellectual Proper	ty Patents & Copyric	yhts	
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work?	Yes 🗸 No

Platz 2



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patent

1 Bess



Section 1. Identifying Inform				
Identifying Inform	ation			
1. Given Name (First Name) Shay	2. Surname (Last Name) Bess		3. Date 21-October-2020	
4. Are you the corresponding author?	Yes ✓ No	Corresponding Aut	hor's Name	
5. Manuscript Title Factors influencing UIV selection in Adu	lt Spinal Deformity patier	nts: Qualitative case-	based survey of deformity surgeons	
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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	bed in the instructions. Use ort relationships that were st? Yes No	se one line for each	entity; add as many lines as you need	l by
Name of Entity	Grant	n-Financial Other	Comments	
Biomet			Research support	
Depuy			Consultant	
EOS			Research support	
Globus			Research support	
K2M				
Medtronic			Research support	
Nuvasive				
Orthofix			Research support	

Bess 2



Name of Entity	Grant? Personal Fees?	Non-Financial Support?	Other? Comments		
Stryker					
Continu A					
Section 4. Intellectual Propert	y Patents & Cop	pyrights			
Do you have any patents, whether plann	ed, pending or issue	ed, broadly releva	nt to the work? Yes	✓ No	
Section 5. Relationships not c	overed above				
Are there other relationships or activities potentially influencing, what you wrote i			nfluenced, or that give th	e appearance of	
Yes, the following relationships/conditions/circumstances are present (explain below):					
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Dr. Bess reports personal fees from K2M, Stryker, outside the submitted work; .	from Medtronic, pe	ersonal fees from	Nuvasive, from Orthofix,	personal fees from	

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Burton 1



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1. Given Name (Fi Douglas	rst Name)	2. Surname (Last Burton	Name)		3. Date 21-October-2020	
4. Are you the cor	responding author?	esponding author? Yes No Corresponding Author's Name Sohrab Virk				
5. Manuscript Title Factors influence		ult Spinal Deformi	ty patients: Qualitati	ive case-based sur	rvey of deformity surgeons	
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Name of Entity		Grant? Person	2	Other? Comm	nents	
Bioventus		√		Research	h Support	
Depuy		✓		Research	h Support	
Pfizer		✓		Research	h support	
Progenerative Medic	al	✓		Stock		

Burton 2



Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo
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Dr. Burton reports grants from Bioventus, grants from Depuy, grants from Pfizer, grants from Progenerative Medical, outside the submitted work; .

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Passias 1



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Name of Entity	Grant•	n-Financial Other	? Comments	
Allosource				
Globus Medical				
Medicrea				
Royal Biologics				
SpineWave				
Terumo				
Zimmer				

Passias 2



Continue	
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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

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

Gupta 1



Control			
Section 1. Identifying Inform	ation		
1. Given Name (First Name) Munish	2. Surname (Last Name) Gupta		3. Date 21-October-2020
4. Are you the corresponding author?	Yes ✓ No	Corresponding Aut	thor's Name
5. Manuscript Title Factors influencing UIV selection in Adu	ılt Spinal Deformity patio	ents: Qualitative case	-based survey of deformity surgeons
6. Manuscript Identifying Number (if you kn	now it)		
Section 2. The Work Under Co	onsideration for Pub	lication	
any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grants,		ment, commercial, private foundation, etc.) for study design, manuscript preparation,
Section 3. Relevant financial	activities outside the	submitted work.	
of compensation) with entities as descri clicking the "Add +" box. You should rep	bed in the instructions. Uport relations when the two series in the two series are the tw	Use one line for each	ncial relationships (regardless of amount entity; add as many lines as you need by the 36 months prior to publication.
Are there any relevant conflicts of intere If yes, please fill out the appropriate info			
ii yes, picase iiii out the appropriate iiiio	imation below.		
Name of Entity	Grant? Personal No	on-Financial Other	? Comments
Depuy	V		
Globus			
nnomed	✓		
Johnson and Johnson			
Medtronic			
Proctor and Gamble			Stocks
Wolters Kluwer Health			

Gupta 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?
Yes, the following relationships/conditions/circumstances are present (explain below):
No other relationships/conditions/circumstances that present a potential conflict of interest
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 6. Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Gupta reports grants from Depuy, personal fees from Globus, grants from Innomed, personal fees from Johnson and Johnson, personal fees from Medtronic, other from Proctor and Gamble, personal fees from Wolters Kluwer Health, outside the submitted work; .

Evaluation and Feedback

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

Gupta 3



Instructions

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Protopsaltis 1



Section 1. Identifying Inform	mation			
Given Name (First Name) Themistocles	2. Surname (Last Name) Protopsaltis		3. Date 21-October-2020	
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding A Sohrab Virk	uthor's Name	
5. Manuscript Title Factors influencing UIV selection in Ad	lult Spinal Deformity patie	nts: Qualitative cas	e-based survey of deformity surgeo	ns
6. Manuscript Identifying Number (if you k	know it)			
Section 2. The Work Under C	Consideration for Publ	ication		
any aspect of the submitted work (includin statistical analysis, etc.)? Are there any relevant conflicts of inte		ata monitoring board	ı, study desigli, manuscript preparation	,
Section 3. Relevant financia	l 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	ribed in the instructions. Useport relationships that we	Ise one line for eac	h entity; add as many lines as you ne	eed by
Are there any relevant conflicts of intellif yes, please fill out the appropriate in				
ii yes, piease iiii out the appropriate iii				
Name of Entity	Grant•	on-Financial Othe	Comments	
Altus			IP IP	
Globus Medical				
Medicrea]	
Nuvasive]	
Spine Align			Stocks	
Stryker]	
Torus Medical			Stocks	

Protopsaltis 2



Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Volume
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?
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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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. Protopsaltis reports other from Altus, personal fees from Globus Medical, personal fees from Medicrea, personal fees from Nuvasive, other from Spine Align, personal fees from Stryker, other from Torus Medical, outside the submitted work; .

Evaluation and Feedback

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Protopsaltis 3



Instructions

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4. Intellectual Property.

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

Relationships not covered above.

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Kim 1



Section 1.	Identifying Inform	ation		
1. Given Name (Fi Han Jo	rst Name)	2. Surname (Last Name) Kim		3. Date 21-October-2020
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Sohrab Virk	Author's Name
5. Manuscript Title Factors influenci		ult Spinal Deformity pation	ents: Qualitative ca	ase-based survey of deformity surgeons
6. Manuscript Idei	ntifying Number (if you kn	now it)		
Section 2				
Section 2.	The Work Under Co	onsideration for Pub	ication	
any aspect of the s statistical analysis, Are there any rel	ubmitted work (including	but not limited to grants, o		ernment, commercial, private foundation, etc.) for ard, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the	submitted wor	k.
of compensation clicking the "Add Are there any rel) with entities as descri	bed in the instructions. It bed in the instructions. It bears that we best? Yes No	Jse one line for ea	inancial relationships (regardless of amount ch entity; add as many lines as you need by og the 36 months prior to publication.
Name of Entity		Grant	on-Financial Oth	ner? Comments
Alphatec				
K2M				Royalties
Zimmer				Royalties
Section 4.				
Section 4.	Intellectual Proper	ty Patents & Copyr	ights	
Do you have any	patents, whether plan	ned, pending or issued, l	oroadly relevant to	o the work? Yes V No

Kim 2



Section 5. Polotionskips not sovered 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):
✓ No other relationships/conditions/circumstances that present a potential conflict of interest
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 6. Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Kim reports personal fees from Alphatec, other from K2M, other from Zimmer, outside the submitted work; .

Evaluation and Feedback

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Kim 3



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

Smith 1



Section 1. Identifying Infor	mation			
1. Given Name (First Name) Justin	2. Surname (Last Name) Smith		3. Date 21-October-2020	
4. Are you the corresponding author?	Yes ✓ No	Corresponding A Sohrab Virk	uthor's Name	
5. Manuscript Title Factors influencing UIV selection in Ad	dult Spinal Deformity patie	ents: Qualitative cas	e-based survey of deformity surge	eons
6. Manuscript Identifying Number (if you	know it)			
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Did you or your institution at any time rec any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of inte	ng but not limited to grants, c			
Section 3. Relevant financia	al activities outside the	submitted work	•	
Place a check in the appropriate boxes of compensation) with entities as described clicking the "Add +" box. You should refer there any relevant conflicts of intellifyes, please fill out the appropriate in	eribed in the instructions. Useport relationships that we erest? Yes No	Jse one line for eac	n entity; add as many lines as you	need by
Name of Entity	Grant	on-Financial Othe	Comments	
Alphatec			Stock	
Carlsmed				
Cerapedics				
Depuy	✓			
Nuvasive			IP Royalties	
Styker]	
Zimmer			IP Royalties	

Smith 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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No other relationships/conditions/circumstances that present a potential conflict of interest
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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. Smith reports other from Alphatec, personal fees from Carlsmed, personal fees from Cerapedics, grants from Depuy, other from Nuvasive, personal fees from Styker, other from Zimmer, outside the submitted work; .

Evaluation and Feedback

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Smith 3



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Section 1. Identi	fying Information						
Given Name (First Name) Robert	2. Surna Eastlac	ame (Last Name k	e)		3. Date 21-October-2	020	
4. Are you the correspondi	ng author? Yes	Yes ✓ No Corresponding Author's Name Sohrab Virk					
5. Manuscript Title Factors influencing UIV s	election in Adult Spinal	Deformity pat	ients: Qualitativ	ve case-bas	ed survey of defor	mity surgeons	
6. Manuscript Identifying N	umber (if you know it)						
Section 2. The W	ork Under Considera	ation for Pul	olication				
Did you or your institution a any aspect of the submitted statistical analysis, etc.)? Are there any relevant co	work (including but not li		, data monitoring				c.) for
Section 3. Releva	ant financial activitie	es outside th	e submitted	work.			
Place a check in the approf of compensation) with er clicking the "Add +" box. Are there any relevant co If yes, please fill out the a	ntities as described in the You should report relating in the restriction of interest?	ne instructions. ionships that v Yes \text{No.}	. Use one line fo were present d	or each enti	ty; add as many lin	ies as you need	d by
Name of Entity	Grant	Personal N	Non-Financial Support?	Other?	Comments		
Aesculap		✓					
Alphatec				✓ S	tock		
Baxter		✓					
Biederman-Motech		✓					
Carevature		✓					
Globus				✓ IF	Royalties		
Invuity				√ S	tock		
Medtronic		✓					



Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments		
Nocimed				√	Stock		
Nuvasive		√		√	IP Royalties		
Radius		✓					
Seaspine				√	IP Royalties		
SI Bone		✓		✓	IP Royalties		
Spine Innovations				✓	Stock		
Section 4. Intellectual Proper	ty Pate	ents & Cop	pyrights				
Do you have any patents, whether planr	and pand	ing or issue	nd broadly roloya	nt to the	work?		
Do you have any patents, whether plant	ieu, periu	ing or issue	d, broadly releva	iii to tile	work: Tes VIVO		
Section 5. Polationships not							
Relationships not o	covered	above					
Are there other relationships or activities potentially influencing, what you wrote				influence	d, or that give the appearance of		
potentially limbericing, what you wrote	iii tile suc	officted wo	ik:				
Yes, the following relationships/cond	ditions/cir	cumstance	s are present (exp	olain belo	ow):		
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Section 6. Disclosure Statemen							
Disclosure Stateme	ent						
Based on the above disclosures, this form below.	n will aut	omatically o	generate a disclos	sure state	ment, which will appear in the box		
below.							
Dr. Eastlack reports personal fees from A Biederman-Motech, personal fees from							
other from Nocimed, personal fees and	other fror	m Nuvasive	, personal fees fro	om Radiu			
and other from SI Bone, other from Spine Innovations, outside the submitted work; .							



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

Kebaish 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Khaled	2. Surname (Last Name) Kebaish	3. Date 21-October-2020
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Sohrab Virk
5. Manuscript Title Factors influencing UIV selection in Adu	ılt Spinal Deformity patier	nts: Qualitative case-based survey of deformity surgeons
6. Manuscript ldentifying Number (if you kn	now it)	_
Section 2. The Weak Under Co	onsideration for Publi	antion
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	ive payment or services from but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the s	submitted work.
of compensation) with entities as descri	bed in the instructions. Use port relationships that we est? Yes No	nether 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.
Name of Entity	Grant	n-Financial Other? Comments
Depuy		✓ IP Royalties
Orthofix		☐ IP Royalties
Strykler		✓ IP Royalties
Section 4. Intellectual Proper	ty Patents & Copyric	ghts
Do you have any patents, whether plant	ned, pending or issued, br	roadly relevant to the work? Yes No

Kebaish 2



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
	nuscript 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.
Section 6.	Disclosure Statement
Based on the about below.	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Kebaish repo the submitted w	rts personal fees and other from Depuy, personal fees and other from Orthofix, other from Strykler, outside ork; .

Evaluation and Feedback

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Kebaish 3



Instructions

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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

Mundis 1



Section 1. Identifying In	formation			
Given Name (First Name) Gregory	2. Surname (Last Name) Mundis		3. Date 21-October-2020	
4. Are you the corresponding author	Yes 🗸 No	Corresponding Authors Sohrab Virk	or's Name	
5. Manuscript Title Factors influencing UIV selection i	n Adult Spinal Deformity patie	nts: Qualitative case-b	ased survey of deformity surgeons	
6. Manuscript Identifying Number (if	you know it)	_		
Continue 2				
Section 2. The Work Und	ler Consideration for Publi	cation		
any aspect of the submitted work (inc statistical analysis, etc.)? Are there any relevant conflicts of	luding but not limited to grants, d		ent, commercial, private foundation, etc. udy design, manuscript preparation,	,,,,
Section 3. Relevant final	ncial activities outside the	submitted work.		
of compensation) with entities as clicking the "Add +" box. You show Are there any relevant conflicts of	described in the instructions. U uld report relationships that we interest?	se one line for each e	cial relationships (regardless of amountity; add as many lines as you need e 36 months prior to publication.	
If yes, please fill out the appropria	te information below.			
Name of Entity	Grant.	n-Financial Other?	Comments	
Carlsmed				
(2M			IP Royalties	
Nuvasive			IP Royalties	
Seaspine				
Stryker				
/iseon				

Mundis 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?
Yes, the following relationships/conditions/circumstances are present (explain below):
No other relationships/conditions/circumstances that present a potential conflict of interest
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 6. Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Mundis reports personal fees from Carlsmed, other from K2M, other from Nuvasive, personal fees from Seaspine, personal fees from Stryker, personal fees from Viseon, outside the submitted work; .

Evaluation and Feedback

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Mundis 3



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patent

Platz 1



Section 1. Identifying Inform	nation				
1. Given Name (First Name)	2. Surname (Last Name) 3. Date Platz 21-October-202				
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name			
5. Manuscript Title Factors influencing UIV selection in Ad	ult Spinal Deformity patier	nts: Qualitative case-based survey of deformity surgeons			
6. Manuscript Identifying Number (if you k	now it)				
		_			
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.			
of compensation) with entities as descr	ribed 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 Prope	rty Patents & Copyric	ghts			
Do you have any patents, whether plan	nned, pending or issued, br	roadly relevant to the work? Yes V No			

Platz 2



Section 5. Polationships not solvered 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):
✓ No other relationships/conditions/circumstances that present a potential conflict of interest
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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. Platz has nothing to disclose.

Evaluation and Feedback

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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

Shaffrey 1



Section 1. Identifying Information	ation		
Given Name (First Name) Christopher	2. Surname (Last Name) Shaffrey		3. Date 21-October-2020
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's N	Name
5. Manuscript Title Factors influencing UIV selection in Adul	lt Spinal Deformity patien	ts: Qualitative case-based	d survey of deformity surgeons
6. Manuscript Identifying Number (if you kno	ow it)	_	
Section 2. The Work Under Co	nsideration for Public	ation	
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 interest	but not limited to grants, da		
Section 3. Relevant financial a	ctivities outside the s	ubmitted work.	
Place a check in the appropriate boxes in of compensation) with entities as describ clicking the "Add +" box. You should rep Are there any relevant conflicts of interes	oed in the instructions. Us ort relationships that wer	e one line for each entity	r; add as many lines as you need by
If yes, please fill out the appropriate info	rmation below.		
Name of Entity	Grant	n-Financial Other? C	omments
Depuy	✓		
Globus	✓		
Medtronic	✓	IP	
Nuvasive		IP	
5I Bone		□ IP F	Royalties

Shaffrey 2



Section 4. Intelle	ctual Property Patents & Copyrights
Do you have any patents,	whether planned, pending or issued, broadly relevant to the work? Yes Vo
Section 5. Relati	onships not covered above
	nips or activities that readers could perceive to have influenced, or that give the appearance of hat you wrote in the submitted work?
Yes, the following rela	ntionships/conditions/circumstances are present (explain below):
✓ No other relationship:	s/conditions/circumstances that present a potential conflict of interest
•	acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. y ask authors to disclose further information about reported relationships.
Section 6. Disclo	sure Statement
Based on the above discle below.	osures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Shaffrey reports grant from SI Bone, outside the	ts from Depuy, grants from Globus, grants and other from Medtronic, other from Nuvasive, other e submitted work; .

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Gum 1



Section 1. Identifying Inforn	nation					
1. Given Name (First Name) Jeffrey	2. Surname (Last Name) Gum		3. Date 21-October-2020			
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author	's Name			
5. Manuscript Title Factors influencing UIV selection in Add	ult Spinal Deformity patie	nts: Qualitative case-bas	sed survey of deformity surged	ons		
6. Manuscript Identifying Number (if you k	now it)					
Section 2. The Work Under C	onsideration for Publi	cation				
Did you or your institution at any time rece any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of inter	g but not limited to grants, d					
Section 3. Relevant financial activities outside the submitted work.						
Place a check in the appropriate boxes of compensation) with entities as descr clicking the "Add +" box. You should re Are there any relevant conflicts of interesting the second conflicts of the sec	ibed in the instructions. Uport relationships that we est? Yes No	se one line for each ent	ity; add as many lines as you n	eed by		
Name of Entity	Grant	n-Financial Other?	Comments			
Accuity	✓		P Royalties			
Cingulate			itocks			
Depuy						
Integra	✓					
Intellirod						
K2M						
Mazor						

Gum 2

/

Medtronic



Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Norton Healthcare	✓					
Nuvasive				✓	IP Royalties	
Pfizer		✓				
Stryker		✓				
Section 4. Intellectual Propert Do you have any patents, whether plann				nt to the	work? Yes No	
Section 5. Relationships not c	overed	above				
Are there other relationships or activities potentially influencing, what you wrote i				influence	d, or that give the appearance of	
Yes, the following relationships/conditions/circumstances are present (explain below):						
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At the time of manuscript acceptance, jo On occasion, journals may ask authors to						nts.
Section 6. Disclosure Stateme	nt					
Based on the above disclosures, this form below.	n will aut	omatically (generate a disclo	sure state	ement, which will appear in the box	
Dr. Gum reports grants and other from A personal fees from Intellirod, personal fee Norton Healthcare, other from Nuvasive	es from l	K2M, persoi	nal fees from Maz	or, perso	nal fees from Medtronic, grants from	

Gum 3



Evaluation and Feedback

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Gum 4



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Lafage 1



Section 1.	Identifying Information						
1. Given Name (Fi	rst Name)	2. Surname Lafage	(Last Name)			3. Date 21-October-2020	
4. Are you the cor	responding author?	Yes	√ No	Correspond Sohrab Vi	ding Author's I rk	Name	
5. Manuscript Title Factors influenci	lanuscript Title tors influencing UIV selection in Adult Spinal Deformity patients: Qualitative case-based survey of deformity surgeons						
6. Manuscript Ider	ntifying Number (if you k	now it)					
Section 2.	The Work Under C	onsideratio	on for Publ	ication			
any aspect of the s statistical analysis, Are there any rel	ubmitted work (including	g but not limite	ed to grants, o			commercial, private foundat design, manuscript preparat	
Section 3.	Relevant financial	activities o	utside the	submitted	work.		
of compensation clicking the "Add Are there any rel	n) with entities as descr	ribed in the in sport relations sest?	structions. Uships that was No	Jse one line fo	or each entity	relationships (regardless or s; add as many lines as you s months prior to publica	u need by
Name of Entity		Grant•	_	on-Financial Support <mark>?</mark>	Other? C	omments	
Depuy			✓				
Globus			✓				
Nuvasive					✓ IP F	Royalties	
Permanante Medical	Group		✓				

Lafage 2



Section 4.	ntellectual Property Patents & Copyrights
Do you have any p	atents, whether planned, pending or issued, broadly relevant to the work? Yes Vo
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	personal fees from Depuy, personal fees from Globus, other from Nuvasive, personal fees from cal Group, outside the submitted work; .

Evaluation and Feedback

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Lafage 3



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.

Identifying information.

2. The work under consideration for publication.

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.

4. Intellectual Property.

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

Relationships not covered above.

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.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

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

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

Schwab 1



Section 1.	Identifying Inforn	nation						
1. Given Name (Fi Frank	rst Name)	2. Surnam Schwab	e (Last Nam	e (Last Name) 3. Date 21-October-2020				
4. Are you the cor	responding author?	Yes	✓ No Corresponding Author's Name Sohrab Virk					
5. Manuscript Title Factors influencing UIV selection in Adult Spinal Deformity patients: Qualitative case-based survey of deformity surgeons								
6. Manuscript Identifying Number (if you know it)								
	ı							
Section 2.	The Work Under C	onsiderati	ion for Pu	ıblication				
any aspect of the s statistical analysis,	ubmitted work (including	g but not limi	ted to grant			ent, commercial, private foundation, udy design, manuscript preparation,	etc.) for	
Section 3. Relevant financial activities outside the submitted work.								
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Depuy		✓						
Globus			✓					
K2M						IP Royalties		
Medicrea			✓					
Medtronic		✓	✓		✓	IP Royalties		
Nuvasive		✓						
Styker		✓						
Zimmer		✓	✓		✓	IP Royalties		

Schwab 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?
Yes, the following relationships/conditions/circumstances are present (explain below):
✓ No other relationships/conditions/circumstances that present a potential conflict of interest
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 6. Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Schwab reports grants from Depuy, personal fees from Globus, from K2M, personal fees from Medicrea, grants, personal fees and other from Medtronic, grants from Nuvasive, grants from Styker, grants, personal fees and other from Zimmer, outside the submitted work; .

Evaluation and Feedback

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Schwab 3