

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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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)
Ryan

2. Surname (Last Name)
Austerman

3. Date
08-February-2021

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Saeed Sadrameli

5. Manuscript Title
The Utility of Intraoperative Neuromonitoring on Simple Posterior Lumbar Fusions – Analysis of the National Inpatient Sample

6. Manuscript Identifying Number (if you know it)
JSS-20-679-R1

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Dr. Austerman has nothing to disclose.

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Suraj

2. Surname (Last Name)
Sulhan

3. Date
08-February-2021

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Saeed Sadrameli,

5. Manuscript Title
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) William	2. Surname (Last Name) Steele	3. Date 08-February-2021
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Saeed Sadrameli
5. Manuscript Title The Utility of Intraoperative Neuromonitoring on Simple Posterior Lumbar Fusions – Analysis of the National Inpatient Sample		
6. Manuscript Identifying Number (if you know it) JSS-20-679-R1		

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Dr. Steele has nothing to disclose.

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1. Given Name (First Name)
Saeed

2. Surname (Last Name)
Sadrameli

3. Date
08-February-2021

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
The Utility of Intraoperative Neuromonitoring on Simple Posterior Lumbar Fusions – Analysis of the National Inpatient Sample

6. Manuscript Identifying Number (if you know it)
JSS-20-679-R1

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Paul

2. Surname (Last Name)
Holman

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08-February-2021

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☐ Yes ☒ No

Corresponding Author's Name
Saeed Sadrameli

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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

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Sean	2. Surname (Last Name) Barber	3. Date 08-February-2021
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Saeed Sadrameli
5. Manuscript Title The Utility of Intraoperative Neuromonitoring on Simple Posterior Lumbar Fusions – Analysis of the National Inpatient Sample		
6. Manuscript Identifying Number (if you know it) JSS-20-679-R1		

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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Dr. Barber has nothing to disclose.

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