

ICMJE DISCLOSURE FORM

Date: 3/26/21

Your Name: Dr. Nathan J. Lee

Manuscript Title: The Accuracy of Robot-Assisted S2 Alar-Iliac Screw Placement at Two Different Healthcare Centers

Manuscript number (if known): JSS-21-14-R1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author’s relationships/activities/interests as they relate to the **current manuscript only**.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<u>None</u>	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>None</u>	
		<u>None</u>	
3	Royalties or licenses	<u>None</u>	
		<u>None</u>	
4	Consulting fees	<u>None</u>	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
8	Patents planned, issued or pending	___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	
		___ None	

Please summarize the above conflict of interest in the following box:

No conflicts of interest to report

Please place an "X" next to the following statement to indicate your agreement:

 x I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 3/26/21

Your Name: Dr. Asham Khan

Manuscript Title: The Accuracy of Robot-Assisted S2 Alar-Iliac Screw Placement at Two Different Healthcare Centers

Manuscript number (if known): JSS-21-14-R1

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Time frame: past 36 months			
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		None	
3	Royalties or licenses	None	
		None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	
		___ None	

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ICMJE DISCLOSURE FORM

Date: 3/26/21

Your Name: Dr. Joseph M. Lombardi

Manuscript Title: The Accuracy of Robot-Assisted S2 Alar-Iliac Screw Placement at Two Different Healthcare Centers

Manuscript number (if known): JSS-21-14-R1

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4	Consulting fees	<u>None</u>	

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ICMJE DISCLOSURE FORM

Date: 3/26/21

Your Name: **Dr. Venkat Boddapati**

Manuscript Title: The Accuracy of Robot-Assisted S2 Alar-Iliac Screw Placement at Two Different Healthcare Centers

Manuscript number (if known): JSS-21-14-R1

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		<u>None</u>	
4	Consulting fees	<u>None</u>	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
8	Patents planned, issued or pending	___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
11	Stock or stock options	___ None	
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ICMJE DISCLOSURE FORM

Date: 3/26/21
 Your Name: Dr. Paul J. Park
 Manuscript Title: The Accuracy of Robot-Assisted S2 Alar-Iliac Screw Placement at Two Different Healthcare Centers
 Manuscript number (if known): JSS-21-14-R1

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13	Other financial or non-financial interests	___ None	
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ICMJE DISCLOSURE FORM

Date: 3/26/21

Your Name: Dr. Justin Mathew

Manuscript Title: The Accuracy of Robot-Assisted S2 Alar-Iliac Screw Placement at Two Different Healthcare Centers

Manuscript number (if known): JSS-21-14-R1

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		None	
4	Consulting fees	None	

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11	Stock or stock options	___ None	
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ICMJE DISCLOSURE FORM

Date: 3/26/21

Your Name: Eric Leung

Manuscript Title: The Accuracy of Robot-Assisted S2 Alar-Iliac Screw Placement at Two Different Healthcare Centers

Manuscript number (if known): JSS-21-14-R1

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		None	
3	Royalties or licenses	None	
		None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
8	Patents planned, issued or pending	___ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	
		___ None	

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No conflicts of interest to report

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ICMJE DISCLOSURE FORM

Date: 3/26/21

Your Name: Jeffrey P. Mullin

Manuscript Title: The Accuracy of Robot-Assisted S2 Alar-Iliac Screw Placement at Two Different Healthcare Centers

Manuscript number (if known): JSS-21-14-R1

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		Medtronic	
3	Royalties or licenses	None	
		None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ None	
7	Support for attending meetings and/or travel	___ None	
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11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

Please summarize the above conflict of interest in the following box:

Dr. Mullin reports grants from AO Spine and Medtronic, outside submitted work.

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 3/26/21

Your Name: Dr. John Pollina

Manuscript Title: The Accuracy of Robot-Assisted S2 Alar-Iliac Screw Placement at Two Different Healthcare Centers

Manuscript number (if known): JSS-21-14-R1

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4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
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7	Support for attending meetings and/or travel	___ None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
11	Stock or stock options	___ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	Medtronic	
		ATEC Spine	

Please summarize the above conflict of interest in the following box:

Dr. Pollina reports other from Medtronic, other from ATEC Spine, outside the submitted work.

Please place an "X" next to the following statement to indicate your agreement:

 x I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 3/26/21
 Your Name: Ronald A. Lehman Jr.
 Manuscript Title: The Accuracy of Robot-Assisted S2 Alar-Iliac Screw Placement at Two Different Healthcare Centers
 Manuscript number (if known): JSS-21-14-R1

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Time frame: past 36 months			
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3	Royalties or licenses	Medtronic	
		Stryker	
4	Consulting fees	Medtronic	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	___ None	

Please summarize the above conflict of interest in the following box:

Dr. Lehman reports consultant/royalty fees from Medtronic, royalty fees from Stryker, research grants from the Department of Defense, outside the submitted work.

Please place an "X" next to the following statement to indicate your agreement:

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