

ICMJE DISCLOSURE FORM

Date: June 23, 2021

Your Name: William C. Tally, MD

Manuscript Title: Lateral Lumbar Interbody Fusion Using a Cellular Allogeneic Bone Matrix in the Treatment of Symptomatic Degenerative Lumbar Disc Disease and Lumbar Spinal Instability

Manuscript number: JSS-21-28

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.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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.	__X__ None	
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).		
3	Royalties or licenses	__X__ Vivex Biologics	
4	Consulting fees	__X__ Vivex Biologics	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	
11	Stock or stock options	<input checked="" type="checkbox"/> Vivex Biologics	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> Employee relationship	married to employee of VIVEX Biologics, Inc

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

TC Tally, MD, is shareholder, royalty earner, consultant, and married to employee of VIVEX Biologics, Inc.;

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: June 29, 2021

Your Name: H. Thomas Temple, MD

Manuscript Title: Lateral Lumbar Interbody Fusion Using a Cellular Allogeneic Bone Matrix in the Treatment of Symptomatic Degenerative Lumbar Disc Disease and Lumbar Spinal Instability

Manuscript number (if known): JSS-21-28

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None	
3	Royalties or licenses	<input checked="" type="checkbox"/> None	
4	Consulting fees	VIVEX Biologics	Consultant

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	Expert Services	Payment made to myself
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	HCA Healthcare, linc. Nova Southeastern University	Paid Paid
11	Stock or stock options	VIVEX Biologics	Shareholder
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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

HT Temple, MD, is a consultant, the Chief Medical Officer and Medical Director of VIVEX Biologics, Inc. He holds stock and stock options in Vivex Biologics Inc. He has leadership roles at HCA Healthcare Inc and at Nova Southeastern University

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: June 29st 2021

Your Name: John Kenneth Burkus

Manuscript Title: Title: Lateral Lumbar Interbody Fusion Using a Cellular Allogeneic Bone Matrix in the Treatment of Symptomatic Degenerative Lumbar Disc Disease and Lumbar Spinal Instability

Manuscript number (if known): JSS-21-28

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

4	Consulting fees	Vivex Biologics	Payments to my personal account
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Vivex Biologics	Payments to my personal account
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	Vivex Biologics	Payments to my personal account
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	

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

I am a consultant for Vivex Biologics. I have received payments for manuscript preparation and participation in educational events. I am a medical consultant for a degenerative disc disease treatment registry sponsored by Vivex Biologics

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

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