

ICMJE DISCLOSURE FORM

Date: 11/18/2021

Your Name: Nathan Lee

Manuscript Title: The 5-Year Trends in Outcomes and Complications After Robot-Assisted Spine Surgery: A Multicenter Study of 722 Patients and 5,005 Screws.

Manuscript number (if known): JSS-21-102

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.

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		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.	None	
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	None	

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

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

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: 11/18/2021

Your Name: Eric Leung

Manuscript Title: The 5-Year Trends in Outcomes and Complications After Robot-Assisted Spine Surgery: A Multicenter Study of 722 Patients and 5,005 Screws.

Manuscript number (if known): JSS-21-102

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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u> </u> None	
6	Payment for expert testimony	<u> </u> None	
7	Support for attending meetings and/or travel	<u> </u> None	
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13	Other financial or non-financial interests	<u> </u> None	

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ICMJE DISCLOSURE FORM

Date: 11/18/2021

Your Name: Ian Buchanan

Manuscript Title: The 5-Year Trends in Outcomes and Complications After Robot-Assisted Spine Surgery: A Multicenter Study of 722 Patients and 5,005 Screws.

Manuscript number (if known): JSS-21-102

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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u> </u> None	
6	Payment for expert testimony	<u> </u> None	
7	Support for attending meetings and/or travel	<u> </u> None	
8	Patents planned, issued or pending	<u> </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> </u> None	
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ICMJE DISCLOSURE FORM

Date: 11/18/2021

Your Name: Matthew Geiselmann

Manuscript Title: The 5-Year Trends in Outcomes and Complications After Robot-Assisted Spine Surgery: A Multicenter Study of 722 Patients and 5,005 Screws.

Manuscript number (if known): JSS-21-102

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4	Consulting fees	None	

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ICMJE DISCLOSURE FORM

Date: 11/18/2021

Your Name: Josephine Coury

Manuscript Title: The 5-Year Trends in Outcomes and Complications After Robot-Assisted Spine Surgery: A Multicenter Study of 722 Patients and 5,005 Screws.

Manuscript number (if known): JSS-21-102

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4	Consulting fees	<u>None</u>	

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ICMJE DISCLOSURE FORM

Date: 11/18/2021

Your Name: Matthew Simhon

Manuscript Title: The 5-Year Trends in Outcomes and Complications After Robot-Assisted Spine Surgery: A Multicenter Study of 722 Patients and 5,005 Screws.

Manuscript number (if known): JSS-21-102

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ICMJE DISCLOSURE FORM

Date: 11/18/2021

Your Name: Scott Zuckerman

Manuscript Title: The 5-Year Trends in Outcomes and Complications After Robot-Assisted Spine Surgery: A Multicenter Study of 722 Patients and 5,005 Screws.

Manuscript number (if known): JSS-21-102

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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u> </u> None	
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9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> </u> None	
11	Stock or stock options	<u> </u> None	
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ICMJE DISCLOSURE FORM

Date: 11/18/2021

Your Name: Avery Buchholz

Manuscript Title: The 5-Year Trends in Outcomes and Complications After Robot-Assisted Spine Surgery: A Multicenter Study of 722 Patients and 5,005 Screws.

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3	Royalties or licenses	None	
4	Consulting fees	Medtronic	
		NuVasive	

		Siemens Healthcare	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u> </u> None	
6	Payment for expert testimony	<u> </u> None	
7	Support for attending meetings and/or travel	<u> </u> None	
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ICMJE DISCLOSURE FORM

Date: 11/18/2021

Your Name: John Pollina

Manuscript Title: The 5-Year Trends in Outcomes and Complications After Robot-Assisted Spine Surgery: A Multicenter Study of 722 Patients and 5,005 Screws.

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

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	

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ICMJE DISCLOSURE FORM

Date: 11/18/2021

Your Name: Ehsan Jazini, MD

Manuscript Title: The 5-Year Trends in Outcomes and Complications After Robot-Assisted Spine Surgery: A Multicenter Study of 722 Patients and 5,005 Screws.

Manuscript number (if known): JSS-21-102

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3	Royalties or licenses	None	
4	Consulting fees	Stryker	
		Medtronic	

		Innovasis	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u> </u> None	
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11	Stock or stock options	<u> </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> </u> None	
13	Other financial or non-financial interests	<u> </u> None	

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

Dr. Jazini reports consulting fees from Stryker, Medtronic, and Innovasis outside the submitted work.

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

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ICMJE DISCLOSURE FORM

Date: 11/18/2021

Your Name: Dr. Colin Haines

Manuscript Title: The 5-Year Trends in Outcomes and Complications After Robot-Assisted Spine Surgery: A Multicenter Study of 722 Patients and 5,005 Screws.

Manuscript number (if known): JSS-21-102

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3	Royalties or licenses	None	
4	Consulting fees	Medtronic	
		Globus Medical	

		Spineart Innovasis	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	___ None	
6	Payment for expert testimony	___ 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. Haines reports personal fees from Medtronic, personal fees from Globus Medical , personal fees from Spineart, and personal fees from Innovasis 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: 11/18/2021

Your Name: Thomas Schuler

Manuscript Title: The 5-Year Trends in Outcomes and Complications After Robot-Assisted Spine Surgery: A Multicenter Study of 722 Patients and 5,005 Screws.

Manuscript number (if known): JSS-21-102

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Time frame: Since the initial planning of the work			
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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	None	

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

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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.

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Date: 11/18/2021

Your Name: Christopher Good, MD

Manuscript Title: The 5-Year Trends in Outcomes and Complications After Robot-Assisted Spine Surgery: A Multicenter Study of 722 Patients and 5,005 Screws.

Manuscript number (if known): JSS-21-102

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Medtronic grants	Paid to institution
3	Royalties or licenses	Stryker/K2M	
		Medtronic	
4	Consulting fees	Stryker/K2M	
		Medtronic	

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	Stryker/K2M Medtronic Augmedics	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	____ None	
11	Stock or stock options	Augmedics NSite	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	____ None	
13	Other financial or non-financial interests	____ None	

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Dr Good reports royalties from Stryker/K2M and Medtronic; consulting fees from Stryker/K2M, Medtronic; educational grant support from Medtronic, is on an advisory board for Stryker/K2M, Medtronic, and Augmedics, and owns stock in Augmedics and NSite.

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ICMJE DISCLOSURE FORM

Date: 11/18/2021

Your Name: Scott Zuckerman

Manuscript Title: The 5-Year Trends in Outcomes and Complications After Robot-Assisted Spine Surgery: A Multicenter Study of 722 Patients and 5,005 Screws.

Manuscript number (if known): JSS-21-102

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3	Royalties or licenses	None	
4	Consulting fees	None	

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Date: 11/18/2021

Your Name: Ronald Lehman

Manuscript Title: The 5-Year Trends in Outcomes and Complications After Robot-Assisted Spine Surgery: A Multicenter Study of 722 Patients and 5,005 Screws.

Manuscript number (if known): JSS-21-102

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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	Department of Defense	
3	Royalties or licenses	Medtronic	
4	Consulting fees	Medtronic	

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	
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