ICMJE DISCLOSURE FORM

Date:	December 7 th , 2021
Vour Name:	Vincent Possi

Your Name: Vincent Rossi

Manuscript Title: Negotiating for New Technologies: Guidelines for the Acquisition and Application of Imaging,

Navigation and Robotics for Spine Surgery

Manuscript number: JSS-21-107-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 <u>current manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	X_None	
3	Royalties or licenses	X_None	
4	Consulting fees	XNone	

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

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

The author has no conflicts of interest to disclose.

__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: December 7th, 2021
Your Name: Thomas Wells-Quinn

Manuscript Title: Negotiating for New Technologies: Guidelines for the Acquisition and Application of Imaging,

Navigation and Robotics for Spine Surgery

Manuscript number: JSS-21-107-R1

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

6 7	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony Support for attending meetings and/or travel	XNoneXNoneXNone	
8	Patents planned, issued or pending	7D Surgical	Patent author for a 7D Surgical technology (mentioned in the paper)
9	Participation on a Data Safety Monitoring Board or Advisory Board	X_None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	7D Surgical (SeaSpine)	Shareholder of SeaSpine – manufacturer of 7D Surgical
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone	
13	Other financial or non- financial interests	Medical Device Sales Manager (LifeHealthcare Employee)	LifeHealthcare are the Australian sales agency for Stryker Navigation, 7D Surgical, Mazor Renaissance, Samsung BodyTom. Author has a direct pecuniary interest in the sale and promotion of these technologies.

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

The author holds shares in SeaSpine and is a fulltime employee for an organization that promotes several pieces of the technology discussed in the manuscript.

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: December 7th, 2021 **Your Name:** Greg Malham

Manuscript Title: Negotiating for New Technologies: Guidelines for the Acquisition and Application of Imaging,

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Manuscript number: JSS-21-107-R1

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	LifeHealthcare	Australian sales agency for Stryker Navigation, 7D Surgical, Mazor Renaissance, Samsung BodyTom

		Globus Medical	Sales and Manufacture of Globus Excelcius
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
U	testimony		
	testimon,		
7	Support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	XNone	
			_
40			
12	Receipt of equipment,	XNone	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

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

The author receives consulting fees from LifeHealthcare Australia and Globus Medical.

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.