Date:			11/4/2021			
You	r Name:		Dr. Enrico Giordan			
Manuscript Title:			Treatment of thoracolumbar burst fractures: SpineJack vs. posterior arthrodesis. Comparison of clinical and radiological outcomes			
Mar	nuscript Number (if k	known):	Click or tap here to enter text.	_		
content of your manuscript. "Rela affected by the content of the ma			e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.			
epic	•	nsion, yo		example, if your manuscript pertains to the acturers of antihypertensive medication, even if		
	em #1 below, report ne for disclosure is th		·	ithout time limit. For all other items, the time		
ľ			l entities with whom you have this ship 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		
	All support for the present manuscript (e.g., funding, provision of study materials	⊠ No	one			
	of study materials, medical writing, article processing charges, etc.) No time limit for			Click the tab key to add additional rows.		
	this item.					
			Time frame: past 36 month	s		
2	Grants or contracts from	⊠ No	ne			
	any entity (if not indicated in item					
	#1 above).					
3	Royalties or licenses	⊠ No	one			

		Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if payment made to you or to your institution)	ts were
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
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		
Plea	Please place an "X" next to the following statement to indicate your agreement: Certify that I have answered every question and have not altered the wording of any of the questions on this form				

— rectary that mave answered every question and have not aftered the words

Date: Jan. 30/01, 2022

Your Name: Dr. Jacopo Del Verme

Manuscript Title: Treatment of thoracolumbar burst fractures: SpineJack vs. posterior arthrodesis. Comparison of

clinical and radiological outcomes

Manuscript number (if known): JSS-21-118-R2

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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4	Consulting fees	XNone	

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	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
0	Datanta plannad issued -	V. None	
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	X None	
	occon or occon options		
12	Receipt of equipment,	X None	
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	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Plea	se summarize the above co	nflict of interest in the foll	owing box:
N	one.		

Date: Jan. 30/01, 2022

Your Name: Dr. Giulia Pastorello

Manuscript Title: Treatment of thoracolumbar burst fractures: SpineJack vs. posterior arthrodesis. Comparison of

clinical and radiological outcomes

Manuscript number (if known): JSS-21-118-R2

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
0	Datanta plannad issued -	V. None	
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	X None	
	occon or occon options		
12	Receipt of equipment,	X None	
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	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Plea	se summarize the above co	nflict of interest in the foll	owing box:
N	one.		

Dat	e:		11/4/2021		
Your Name:			Dr. Paolo Gallinaro		
Manuscript Title:			Treatment of thoracolumbar burst fractures: SpineJack vs. posterior arthrodesis. Comparison of clinical and radiological outcomes		
Mai	nuscript Number (if I	known):	Click or tap here to enter text.		
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			Time frame: past 36 month	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ No			
3	Royalties or licenses	⊠ No	one		

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

			e all entities with whom you have this ionship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
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		
Plea	Please place an "X" next to the following statement to indicate your agreement: Certify that I have answered every question and have not altered the wording of any of the questions on this form				

— rectary that mave answered every question and have not aftered the words

Date: Jan. 30/01, 2022

Your Name: Dr. Roberto Zanata

Manuscript Title: Treatment of thoracolumbar burst fractures: SpineJack vs. posterior arthrodesis. Comparison of

clinical and radiological outcomes

Manuscript number (if known): JSS-21-118-R2

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2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	X_None	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending	XNone	
	meetings and/or travel		
0	Datanta plannad issued -	V. None	
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	X None	
	occon or occon options		
12	Receipt of equipment,	X None	
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	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		
Plea	se summarize the above co	nflict of interest in the foll	owing box:
N	one.		

Date: Jan. 30/01, 2022

Your Name: Dr. Giuseppe Canova

Manuscript Title: Treatment of thoracolumbar burst fractures: SpineJack vs. posterior arthrodesis. Comparison of

clinical and radiological outcomes

Manuscript number (if known): JSS-21-118-R2

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

lecture	Payment or honoraria for	XNone		
	lectures, presentations,			
	speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert testimony	XNone		
7	Support for attending	XNone		
	meetings and/or travel			
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0	Datanta plannad issued -	V. None		
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	X None		
	Stock of Stock options			
12	Receipt of equipment,	X None		
12	materials, drugs, medical	^_NUTIE		
	writing, gifts or other			
	services			
13	Other financial or non- financial interests	XNone		
Plea	Please summarize the above conflict of interest in the following box:			
N	None.			
1				

Date: Jan. 30/01, 2022

Your Name: Dr. Elisabetta Marton

Manuscript Title: Treatment of thoracolumbar burst fractures: SpineJack vs. posterior arthrodesis. Comparison of

clinical and radiological outcomes

Manuscript number (if known): JSS-21-118-R2

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

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

Date: Jan. 30/01, 2022 Your Name: Dr. Altin Stafa

Manuscript Title: Treatment of thoracolumbar burst fractures: SpineJack vs. posterior arthrodesis. Comparison of

clinical and radiological outcomes

Manuscript number (if known): JSS-21-118-R2

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	testimony		
7	support for attending	XNone	
	meetings and/or travel		
8	Patents planned, issued or	XNone	
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0	Participation on a Data	V None	
9	Safety Monitoring Board or	XNone	
	Advisory Board		
10	Leadership or fiduciary role	X None	
10	in other board, society,	^_None	
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42	Descript of annium and	V. Nava	
12	Receipt of equipment, materials, drugs, medical	X_None	
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		
Plea	Please summarize the above conflict of interest in the following box:		
N	one.		
L			