

ICMJE DISCLOSURE FORM

Date: 3/31/2022

Your Name: Eris Spirollari

Manuscript Title: Cervical Fusion for Adult Patients with Atlantoaxial Rotatory Subluxation

Manuscript number (if known): JSS-22-19-CL

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

None.

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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: 3/31/2022

Your Name: Cameron Beaudreault

Manuscript Title: Cervical Fusion for Adult Patients with Atlantoaxial Rotatory Subluxation

Manuscript number (if known): JSS-22-19-CL

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ICMJE DISCLOSURE FORM

Date: 3/31/2022

Your Name: Christina Ng

Manuscript Title: Cervical Fusion for Adult Patients with Atlantoaxial Rotatory Subluxation

Manuscript number (if known): JSS-22-19-CL

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ICMJE DISCLOSURE FORM

Date: 3/31/2022

Your Name: Sima Vazquez

Manuscript Title: Cervical Fusion for Adult Patients with Atlantoaxial Rotatory Subluxation

Manuscript number (if known): JSS-22-19-CL

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Date: 3/31/2022
 Your Name: Emily Chapman
 Manuscript Title: Cervical Fusion for Adult Patients with Atlantoaxial Rotatory Subluxation
 Manuscript number (if known): JSS-22-19-CL

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Date: 3/31/2022

Your Name: Kevin Clare

Manuscript Title: Cervical Fusion for Adult Patients with Atlantoaxial Rotatory Subluxation

Manuscript number (if known): JSS-22-19-CL

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Date: 3/31/2022

Your Name: Richard Wang

Manuscript Title: Cervical Fusion for Adult Patients with Atlantoaxial Rotatory Subluxation

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Date: 3/31/2022

Your Name: Alexandria Naftchi

Manuscript Title: Cervical Fusion for Adult Patients with Atlantoaxial Rotatory Subluxation

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Date: 3/31/2022

Your Name: Ankita Das

Manuscript Title: Cervical Fusion for Adult Patients with Atlantoaxial Rotatory Subluxation

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Date: 3/31/2022

Your Name: Aiden Lui

Manuscript Title: Cervical Fusion for Adult Patients with Atlantoaxial Rotatory Subluxation

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Date: 3/31/2022

Your Name: Ariel Sacknovitz

Manuscript Title: Cervical Fusion for Adult Patients with Atlantoaxial Rotatory Subluxation

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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"/> None	
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:

None.

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: 3/31/2022

Your Name: Jose F Dominguez

Manuscript Title: Cervical Fusion for Adult Patients with Atlantoaxial Rotatory Subluxation

Manuscript number (if known): JSS-22-19-CL

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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		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			
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ICMJE DISCLOSURE FORM

Date: 3/31/2022

Your Name: Chirag D Gandhi

Manuscript Title: Cervical Fusion for Adult Patients with Atlantoaxial Rotatory Subluxation

Manuscript number (if known): JSS-22-19-CL

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ICMJE DISCLOSURE FORM

Date: 3/31/2022

Your Name: Rachana Tyagi

Manuscript Title: Cervical Fusion for Adult Patients with Atlantoaxial Rotatory Subluxation

Manuscript number (if known): JSS-22-19-CL

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ICMJE DISCLOSURE FORM

Date: 3/31/2022

Your Name: John K Houten

Manuscript Title: Cervical Fusion for Adult Patients with Atlantoaxial Rotatory Subluxation

Manuscript number (if known): JSS-22-19-CL

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ICMJE DISCLOSURE FORM

Date: 3/31/2022

Your Name: Merritt D Kinon

Manuscript Title: Cervical Fusion for Adult Patients with Atlantoaxial Rotatory Subluxation

Manuscript number (if known): JSS-22-19-CL

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