## **ICMJE DISCLOSURE FORM**

Date: 25/07/2022

Your Name: Vineesh Kundukulam Varghese

Manuscript Title: 30-day Sepsis Risk after Laminectomy for Resection of Intra-Dural Extra-

Medullary (IDEM) Tumors based on NSQIP Database: A Critical Appraisal

Manuscript number (if known): JSS-22-58(E-JSS-22-22)

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	Specifications/Comments (e.g., if payments were made to you or to your institution)
	Tin	ne frame: Since the initia	l 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	XNone	

	from any entity (if not indicated in item #1 above).		
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	
5	Payment or honoraria for lectures,	XNone	
	presentations, speakers		
	bureaus, manuscript writing or educational		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory	XNone	
	Board		
10	Leadership or fiduciary role in other board,	XNone	
	society, committee or		
	advocacy group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical writing, gifts or		

	other services		
13	Other financial or non- financial interests	XNone	

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

vinseshvarghese

## ICMJE DISCLOSURE FORM

Date:22/07/2022

Your Name: Shankar Ayyappan Kutty

Manuscript Title:30-day Sepsis Risk after Laminectomy for Resection of Intra-Dural Extra-Medullary (IDEM)

Tumors based on NSQIP Database: A Critical Appraisal

Manuscript number (if known):

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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	3,	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 initia	al 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: pas	t 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	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone	
6	Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	XNone	
		, , , , , , , , , , , , , , , , , , , ,	
3	Patents planned, issued or pending	XNone	
)	Participation on a Data Safety Monitoring Board or Advisory Board	XNone	
0	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
1	Stock or stock options	XNone	
	Receipt of equipment, materials, drugs, medical writing, gifts or other services	X_None	
	Other financial or non- financial interests	XNone	

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:

\_\_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: 25/07/2022

Your Name: Sunil Manjila

Manuscript Title: 30-day Sepsis Risk after Laminectomy for Resection of Intra-Dural Extra-

Medullary (IDEM) Tumors based on NSQIP Database: A Critical Appraisal

Manuscript number (if known): JSS-22-58(E-JSS-22-22)

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	Board		
10	Leadership or fiduciary role in other board,	XNone	
	society, committee or		
	advocacy group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X_None	
	materials, drugs, medical writing, gifts or		

	other services		
13		XNone	
	financial interests		

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:

\_X\_ I certify that I have answered every question and have not altered the wording of any of the questions on this

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