

# ICMJE DISCLOSURE FORM

**Date:** 6/2/2022

**Your Name:** [Mohamed Sarraj]

**Manuscript Title:** [Management of Deep Surgical Site Infections of the Spine; A Canadian Nationwide Survey]

**Manuscript Number (if known):** JSS-22-47-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 author's relationships/activities/interests should be defined broadly. 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.

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| <b>2</b>  | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>   |  |  |  |  |  |  |
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| <b>3</b>  | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>   |  |  |  |  |  |  |
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**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.

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**Your Name:** [Abdullah Alqahtani]

**Manuscript Title:** [Management of Deep Surgical Site Infections of the Spine; A Canadian Nationwide Survey]

**Manuscript Number (if known):** JSS-22-47-CL

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**Date:** 6/2/2022

**Your Name:** Patrick Thornley

**Manuscript Title:** Management of Deep Surgical Site Infections of the Spine; A Canadian Nationwide Survey

**Manuscript Number (if known):** JSS-22-47-CL

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| 13  | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  |  |
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| <p><b>Please place an “X” next to the following statement to indicate your agreement:</b></p> <p><input checked="" type="checkbox"/> I certify that I have answered every question and have not altered the wording of any of the questions on this form.</p> |  |   |   |  |  |  |  |  |  |

# ICMJE DISCLOSURE FORM

**Date:** 6/2/2022

**Your Name:** Frank Koziarz

**Manuscript Title:** Management of Deep Surgical Site Infections of the Spine; A Canadian Nationwide Survey

**Manuscript Number (if known):** JSS-22-47-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 author's relationships/activities/interests should be defined broadly. 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)   |  |  |  |  |  |   |
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| <b>Time frame: Since the initial planning of the work</b> |  |   |  |  |  |  |  |   |
| <b>1</b>  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td>Click the tab key to add additional rows.</td></tr> </table> |  |  |  |  |  | Click the tab key to add additional rows. |
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| <b>Time frame: past 36 months</b>                         |  |   |  |  |  |  |  |   |
| <b>2</b>  | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>  |  |  |  |  |  |   |
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| 3  | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |   |  |  |  |  |  |  |  |  |
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| 4  | Consulting fees  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  |  |  |  |
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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |   |  |  |  |  |  |  |  |  |
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| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |   |  |  |  |  |  |  |  |  |
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| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |   |  |  |  |  |  |  |  |  |
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| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |   |  |  |  |  |  |  |  |  |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |   |  |  |  |  |  |  |  |  |
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| 10 | Leadership or fiduciary role in  | <input checked="" type="checkbox"/> <b>None</b>  |   |  |  |  |  |  |  |  |  |

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| 13  | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  |  |
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# ICMJE DISCLOSURE FORM

**Date:** 6/2/2022

**Your Name:** Chris Bailey

**Manuscript Title:** Management of Deep Surgical Site Infections of the Spine; A Canadian Nationwide Survey

**Manuscript Number (if known):** JSS-22-47-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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| <b>Time frame: Since the initial planning of the work</b> |  |   |  |  |  |  |  |   |
| <b>1</b>  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td>Click the tab key to add additional rows.</td></tr> </table> |  |  |  |  |  | Click the tab key to add additional rows. |
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| <b>Time frame: past 36 months</b>                         |  |   |  |  |  |  |  |   |
| <b>2</b>  | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>  |  |  |  |  |  |   |
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| 4  | Consulting fees  | <input checked="" type="checkbox"/> None<br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  |  |  |  |
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| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> None<br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |   |  |  |  |  |  |  |  |  |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> None<br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |   |  |  |  |  |  |  |  |  |
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| 10 | Leadership or fiduciary role in  | <input checked="" type="checkbox"/> None  |   |  |  |  |  |  |  |  |  |

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# ICMJE DISCLOSURE FORM

Date: 6/2/2022

Your Name: Millaray Freire-Archer

Manuscript Title: Management of Deep Surgical Site Infections of the Spine; A Canadian Nationwide Survey

Manuscript number (if known): JSS-22-47-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.

The author's relationships/activities/interests should be defined broadly. 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.

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| <b>Time frame: past 36 months</b>                         |  |  |   |
| 2   | Grants or contracts from any entity (if not indicated)   | <u>  X  </u> None  |   |
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| 4  | Consulting fees  | <input checked="" type="checkbox"/> X <input type="checkbox"/> None |  |
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| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> X <input type="checkbox"/> None |  |
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| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> X <input type="checkbox"/> None |  |
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| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> X <input type="checkbox"/> None |  |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> X <input type="checkbox"/> None |  |
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| 13 | Other financial or non-financial interests   | <input checked="" type="checkbox"/> X <input type="checkbox"/> None |  |
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**Please summarize the above conflict of interest in the following box:**

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| <p>None.</p> |
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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.**

# ICMJE DISCLOSURE FORM

**Date:** 6/2/2022

**Your Name:** Kunal Bhanot

**Manuscript Title:** Management of Deep Surgical Site Infections of the Spine; A Canadian Nationwide Survey

**Manuscript Number (if known):** JSS-22-47-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 author's relationships/activities/interests should be defined broadly. 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.

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| <b>Time frame: Since the initial planning of the work</b> |  |   |  |  |  |  |  |   |
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| <b>2</b>  | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>  |  |  |  |  |  |   |
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| 3  | Royalties or licenses  | <input checked="" type="checkbox"/> None<br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |   |  |  |  |  |  |  |  |  |
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| 4  | Consulting fees  | <input checked="" type="checkbox"/> None<br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  |  |  |  |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> None<br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |   |  |  |  |  |  |  |  |  |
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**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:** 6/2/2022

**Your Name:** Edward Kachur

**Manuscript Title:** Management of Deep Surgical Site Infections of the Spine; A Canadian Nationwide Survey

**Manuscript Number (if known):** JSS-22-47-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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# ICMJE DISCLOSURE FORM

**Date:** 6/2/2021

**Your Name:** Mohit Bhandari

**Manuscript Title:** Management of Deep Surgical Site Infections of the Spine; A Canadian Nationwide Survey

**Manuscript Number (if known):** JSS-22-47-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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| U.S. Department of Defense                                | Payments made to the institution   |  |   |                                  |   |                                  |   |   |                            |                                  |

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| 10 | Leadership or fiduciary role in  | <input type="checkbox"/> None   |   |  |  |  |  |  |  |  |  |

|    |  | 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) |
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|    | other board, society, committee or advocacy group, paid or unpaid                | <i>International Society of Orthopaedic Surgery and Traumatology (SICOT)</i><br>             | Committee Member  |
| 11 | Stock or stock options   | <input checked="" type="checkbox"/> <b>None</b><br>  |   |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b><br>  |   |
| 13 | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b><br>  |   |

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

Mohit Bhandari has received grants/contracts from the following entities in the past 36 months: Canadian Institutes of Health Research (CIHR), National Institutes of Health (NIAMS & NICHD), Physicians' Services Incorporated (PSI) and the U.S. Department of Defense. Mohit Bhandari is also a committee member of the International Society of Orthopaedic Surgery & Traumatology (SICOT).

**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:** 6/2/2022

**Your Name:** Colby Oitment

**Manuscript Title:** Management of Deep Surgical Site Infections of the Spine; A Canadian Nationwide Survey

**Manuscript Number (if known):** JSS-22-47-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 author's relationships/activities/interests should be defined broadly. 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)   |  |  |  |  |  |   |
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| <b>Time frame: Since the initial planning of the work</b> |  |   |  |  |  |  |  |   |
| <b>1</b>  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td>Click the tab key to add additional rows.</td></tr> </table> |  |  |  |  |  | Click the tab key to add additional rows. |
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| <b>Time frame: past 36 months</b>                         |  |   |  |  |  |  |  |   |
| <b>2</b>  | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>  |  |  |  |  |  |   |
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| 3  | Royalties or licenses  | <input checked="" type="checkbox"/> None<br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |   |  |  |  |  |  |  |  |  |
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| 4  | Consulting fees  | <input checked="" type="checkbox"/> None<br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> |   |  |  |  |  |  |  |  |  |
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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None<br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |   |  |  |  |  |  |  |  |  |
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| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> None<br><table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>                             |   |  |  |  |  |  |  |  |  |
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