

## ICMJE DISCLOSURE FORM

Date: February 24, 2023 \_\_\_\_\_

Your Name: Andrew J Pugely \_\_\_\_\_

Manuscript Title: Are Modular Pedicle Screws Associated with a High Complication Rate Following Posterior Spinal Fixation?

Manuscript number (if known): JSS-22-99-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 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.

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)
<b>Time frame: Since the initial planning of the work</b>			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) <b>No time limit for this item.</b>	None	
<b>Time frame: past 36 months</b>			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	Grants from Globus Medical, Lumbar Spine Research Society, Cervical Spine Research Society, Trustees of Dartmouth College, RDB Bioinformatics
3	Royalties or licenses	None	

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

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

Paid consultant - Medtronic, Globus Medical, United Healthcare  
 Grant/Research Support - Medtronic, Globus Medical, Lumbar Spine Research Society, Cervical Spine Research Society, Trustees of Dartmouth College, RDB Bioinformatics  
 Advisory Board or Panel - United Health Care  
 Other Financial or Material Support - Globus Medical

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: 2/24/2023

Your Name: Christopher Lindsay

Manuscript Title: Are Modular Pedicle Screws Associated with a High Complication Rate Following Posterior Spinal Fixation?

Manuscript number (if known): JSS-22-99

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3	Royalties or licenses	None	
4	Consulting fees	None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<u>    </u> None	
6	Payment for expert testimony	<u>    </u> None	
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11	Stock or stock options	<u>    </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>    </u> None	
13	Other financial or non-financial interests	<u>    </u> None	

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

Nothing to disclose
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**Please place an "X" next to the following statement to indicate your agreement:**

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## ICMJE DISCLOSURE FORM

Date: 2/24/2023

Your Name: James Hall

Manuscript Title: Are Modular Pedicle Screws Associated with a High Complication Rate Following Posterior Spinal Fixation?

Manuscript number (if known): JSS-22-99

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## ICMJE DISCLOSURE FORM

Date: 2/24/2023

Your Name: Michael Orness

Manuscript Title: Are Modular Pedicle Screws Associated with a High Complication Rate Following Posterior Spinal Fixation?

Manuscript number (if known): JSS-22-99

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u>    </u> None	
13	Other financial or non-financial interests	<u>    </u> None	

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  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: 1/24/2023

Your Name: Nader Toossi

Manuscript Title: Are Modular Pedicle Screws Associated with a High Complication Rate Following Posterior Spinal Fixation?

Manuscript number (if known): JSS-22-99

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9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
11	Stock or stock options	Globus Medical Inc.	I have the stock option.
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	___ None	
13	Other financial or non-financial interests	Globus Medical Inc.	I am employed by the company

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

I have stock option with the Globus Medical Inc. as a salaried employee.
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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: 1/24/2023

Your Name: Brandon Bucklen

Manuscript Title: Are Modular Pedicle Screws Associated with a High Complication Rate Following Posterior Spinal Fixation?

Manuscript number (if known): JSS-22-99

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**form.**