Date: 12/29/2022				
Date:12/29/2022 Your Name:Ian Wellington Manuscript Title:The Use of Machine Learning for Predicting Candidates for Outpatient Spine Surgery: A Review				
Manuscript number (if kno				
In the interest of transpare that are	ncy, we ask you to disc	lose all relationships/activities/interests listed	below	
	our manuscript. "Relate	d" means any relation with for-profit or not-for	-profit	
	ay be affected by the co	ntent of the manuscript. Disclosure represents	a	
	-	a bias. If you are in doubt about whether to lis ou do so.	st a	
The following questions ap <u>current</u> <u>manuscript</u> <u>only</u> .	oply to the author's relat	ionships/activities/interests as they relate to th	he	
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 rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)		

		needed)		
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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 from any entity (if not indicated	x_None		

	in item #1 above).		
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		
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7	Support for attending	xNone	
	meetings and/or travel		
8	Patents planned, issued	x_None	
	or pending		
9	Participation on a Data	xNone	
	Safety Monitoring Board		
	or Advisory Board		
10	Leadership or fiduciary	x_None	
	role in other board,		
	society, committee or		
	advocacy group, paid or		
4.4	unpaid	v. Nene	
11	Stock or stock options	x_None	
12	Receipt of equipment,	x None	
12	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	x None	
	financial interests		

 $_x$ I certify that I have answered every question and have not altered the wording of any of the questions on this

Date:	12/29/2022
Your Nan	Owen Karsmarski
I	nuscript Title:The Use of Machine Learning for Predicting Candidates
1	Outpatient Spine Surgery: A Review
Manuscri	number (if known):
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that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third

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	Ti	me frame: Since the initia	l planning of the work
1	All support for the	x_None	
	present manuscript (e.g.,		
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	study materials, medical		
	writing, article processing		
	charges, etc.)		
	No time limit for this		
	item.		
		Time frame: past	36 months
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13	Other financial or non-	x None	
	financial interests		

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Date:12/29/2022
Your Name:Kyle Murphey
Manuscript Title:The Use of Machine Learning for Predicting Candidates
for Outpatient Spine Surgery: A Review
Manuscript number (if known):
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Date:	12/29/2022	
Your Nar	me:Matthew S	Shuman
	Manuscript Title:	The Use of Machine Learning for Predicting Candidates
	for Outpatient Spine Sur	gery: A Review
Manuscr	ript number (if known):	
In the int	erest of transparency, w	ve ask you to disclose all relationships/activities/interests listed below

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	writing, gifts or other		
	services		
13	Other financial or non-	x None	
	financial interests		

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Date:___6/10/23_

Your Name:____Mitchell K. Ng_

Manuscript Title:_The Use of Machine Learning for Predicting Candidates for Outpatient Spine Surgery: A Review

Manuscript number (if known):____ JSS-22-121 _____

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	Time frame: Since the initial planning of the work				
1	All support for the	_xNone			
	present manuscript (e.g.,				
	funding, provision of				
	study materials, medical				
	writing, article processing				
	charges, etc.)				
	No time limit for this				
	item.				
	Time frame: past 36 months				
2	Grants or contracts from	x_None			

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

none

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Date:12/29/2022
Your Name:Christopher
Antonacci
Manuscript Title:The Use of Machine Learning for Predicting Candidates
for Outpatient Spine Surgery: A Review
Manuscript number (if known):

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		Name all entities with	Specifications/Comments		
		whom you have this	(e.g., if payments were made to you or to your		
		relationship or indicate			
		•	institution)		
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