

ICMJE DISCLOSURE FORM

Date: 12/7/22

Your Name: Jacob Silver

Manuscript Title: Does a Relationship Exist Between Preoperative Expectations and Overall Satisfaction in Spine Surgery Patients? A novel study and review of the current literature

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.

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			
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.	<input checked="" type="checkbox"/> None	
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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:

There was no financial support for the study. I.M. disclosed consulting fees from Stryker Corp. and Pfizer Inc. He also received royalty fees from SpineArt SA. No company had any influence on the study design, data acquisition, or manuscript of this study.

Please place an “X” next to the following statement to indicate your agreement:

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Date: 12/7/22

Your Name: Scott Mallozzi

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Date: 12/7/22

Your Name: Cameron Kia

Manuscript Title: Does a Relationship Exist Between Preoperative Expectations and Overall Satisfaction in Spine Surgery Patients? A novel study and review of the current literature

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Date: 12/7/22

Your Name: Michael O'Sullivan

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Date: 12/7/22

Your Name: Mark Cote

Manuscript Title: Does a Relationship Exist Between Preoperative Expectations and Overall Satisfaction in Spine Surgery Patients? A novel study and review of the current literature

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ICMJE DISCLOSURE FORM

Date: 3/16/23

Your Name: Isaac Moss

Manuscript Title: C5 Nerve Root Palsy (without prior cervical decompression) Case Series: 9 Patients with Critical Delay to Presentation

Manuscript number (if known): _____

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