

## ICMJE DISCLOSURE FORM

Date: 10/31/2023

Your Name: Alexander Upfill-Brown

Manuscript Title: Does the Use of Tranexamic Acid Intraoperatively Reduce Postoperative Blood Loss and Complications Following Biportal Endoscopic Lumbosacral Decompression?

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.

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	
3	Royalties or licenses	None	
4	Consulting fees	None	

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	

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

<p>I have no conflicts of interest that pertain to this manuscript.</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: 10/31/2023

Your Name: Thomas E. Olson

Manuscript Title: **Does the Use of Tranexamic Acid Intraoperatively Reduce Postoperative Blood Loss and Complications Following Biportal Endoscopic Lumbosacral Decompression?**

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 10/31/2023

Your Name: Babapelumi Adejuyigbe

Manuscript Title: Does the Use of Tranexamic Acid Intraoperatively Reduce Postoperative Blood Loss and Complications Following Biportal Endoscopic Lumbosacral Decompression?

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 12/8/2023

Your Name: Akash Shah

Manuscript Title: **Does the Use of Tranexamic Acid Intraoperatively Reduce Postoperative Blood Loss and Complications Following Biportal Endoscopic Lumbosacral Decompression?**

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 10/31/2023

Your Name: William Sheppard

Manuscript Title: Does the Use of Tranexamic Acid Intraoperatively Reduce Postoperative Blood Loss and Complications Following Biportal Endoscopic Lumbosacral Decompression?

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3	Royalties or licenses	None	
4	Consulting fees	None	

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## ICMJE DISCLOSURE FORM

Date: 10/31/2023

Your Name: Cheol Wung Park

Manuscript Title: **Does the Use of Tranexamic Acid Intraoperatively Reduce Postoperative Blood Loss and Complications Following Biportal Endoscopic Lumbosacral Decompression?**

Manuscript number (if known): \_\_\_\_\_

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## ICMJE DISCLOSURE FORM

Date: 10/31/2023

Your Name: Dong Hwa Heo

Manuscript Title: Does the Use of Tranexamic Acid Intraoperatively Reduce Postoperative Blood Loss and Complications Following Biportal Endoscopic Lumbosacral Decompression?

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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	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	

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## ICMJE DISCLOSURE FORM

Date: 10/31/2023

Your Name: Don Young Park

Manuscript Title: Does the Use of Tranexamic Acid Intraoperatively Reduce Postoperative Blood Loss and Complications Following Biportal Endoscopic Lumbosacral Decompression?

Manuscript number (if known): \_\_\_\_\_

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3	Royalties or licenses	Seaspine, Alphatec	Payments made to myself
4	Consulting fees	Seaspine, Alphatec, Nuvasive, Amplify Surgical	Payments made to myself

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	North American Spine Society Cervical Spine Research Society	
11	Stock or stock options	Amplify Surgical	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	

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

I am a paid consultant for Seaspine, Alphatec, Nuvasive, Amplify Surgical. I have royalties paid to myself for products developed by Seaspine and Alphatec. I serve on committees for the North American Spine Society and Cervical Spine Research Society. I own stock options for Amplify Surgical.

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