

ICMJE DISCLOSURE FORM

Date: 9/25/2021

Your Name: Tiffany Yeretsian

Manuscript Title: Machine-Vision Image Guided C4-C5 Unilateral Cervical Pedicle Screw Insertion: Case Report and Review of Literature.

Manuscript Number (if known): ACR-21-62

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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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.

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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: 9/27/2021

Your Name: Carolyn Lai

Manuscript Title: Machine-Vision Image Guided C4-C5 Unilateral Cervical Pedicle Screw Insertion: Case Report and Review of Literature.

Manuscript Number (if known): ACR-21-62

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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: 10/1/2021

Your Name: Daipayan Guha

Manuscript Title: Machine-Vision Image Guided C4-C5 Unilateral Cervical Pedicle Screw Insertion: Case Report and Review of Literature.

Manuscript Number (if known): ACR-21-62

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ICMJE DISCLOSURE FORM

Date: 9/27/2021

Your Name: Joel Ramjist

Manuscript Title: Machine-Vision Image Guided C4-C5 Unilateral Cervical Pedicle Screw Insertion: Case Report and Review of Literature.

Manuscript Number (if known): ACR-21-62

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Date: 9/27/2021

Your Name: Victor Yang

Manuscript Title: Machine-Vision Image Guided C4-C5 Unilateral Cervical Pedicle Screw Insertion: Case Report and Review of Literature.

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2 Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> <tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr> </table>							

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3	Royalties or licenses	<input type="checkbox"/> None	
		7D Surgical, Seaspine	Institutional and personal payments
4	Consulting fees	<input type="checkbox"/> None	
		7D Surgical	Corporate payments
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		7D Surgical	Corporate payments
8	Patents planned, issued or pending	<input type="checkbox"/> None	
		7D Surgical, Seaspine	Patents issued and pending
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board,	<input type="checkbox"/> None	
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	society, committee or advocacy group, paid or unpaid								
11	Stock or stock options	<input type="checkbox"/> None <table border="1"> <tr> <td>Seaspine</td> <td>Stock</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	Seaspine	Stock					
Seaspine	Stock								
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input type="checkbox"/> None <table border="1"> <tr> <td>7D Surgical</td> <td>Support service</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	7D Surgical	Support service					
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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>							

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.