ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Abdul Fettah

2. Surname (Last Name)  
   Buyuk

3. Date  
   11-May-2020

4. Are you the corresponding author?  
   Yes ☐  No ☑

   Corresponding Author’s Name  
   John Dawson, PhD

5. Manuscript Title  
   Symptomatic Pseudarthrosis Requiring Revision Surgery after 1- or 2-Level ACDF with Plating: Peek Versus Allograft

6. Manuscript Identifying Number (if you know it)  
   JSS-19-419

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Are there any relevant conflicts of interest?  
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Dr. Buyuk has nothing to disclose.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. **Given Name (First Name)**
   - Ikemefuna

2. **Surname (Last Name)**
   - Onyekwelu

3. **Date**
   - 11-May-2020

4. **Are you the corresponding author?**
   - Yes ☑ No

   **Corresponding Author’s Name**
   - John Dawson, PhD

5. **Manuscript Title**
   - Symptomatic Pseudarthrosis Requiring Revision Surgery after 1- or 2-Level ACDF with Plating: Peek Versus Allograft

6. **Manuscript Identifying Number (if you know it)**
   - JSS-19-419

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Dr. Onyekwelu has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Christian

2. Surname (Last Name)  
   Gaffney

3. Date  
   11-May-2020

4. Are you the corresponding author?  
   Yes  [ ]  No  [X]

   Corresponding Author’s Name  
   John Dawson, PhD

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Dr. Gaffney has nothing to disclose.

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1. Given Name (First Name)  
   Amir

2. Surname (Last Name)  
   Mehbod

3. Date  
   11-May-2020

4. Are you the corresponding author?  
   [ ] Yes  
   [x] No

   Corresponding Author’s Name  
   John Dawson, PhD

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   [ ] No

If yes, please fill out the appropriate information below.

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
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Dr. Mehbod reports personal fees from Stryker, personal fees from Zimmer, outside the submitted work;

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</thead>
<tbody>
<tr>
<td>John</td>
<td>Dawson</td>
<td>11-May-2020</td>
</tr>
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4. Are you the corresponding author? ✔ Yes ☐ No

5. Manuscript Title
Symptomatic Pseudarthrosis Requiring Revision Surgery after 1- or 2-Level ACDF with Plating: Peek Versus Allograft

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Are there any relevant conflicts of interest? ☐ Yes ✔ No

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Dr. Dawson has nothing to disclose.

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Royalties: Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Timothy

2. Surname (Last Name)  
   Garvey

3. Date  
   11-May-2020

4. Are you the corresponding author?  
   ☑ No

   Corresponding Author’s Name  
   John Dawson, PhD

5. Manuscript Title  
   Symptomatic Pseudarthrosis Requiring Revision Surgery after 1- or 2-Level ACDF with Plating: Peek Versus Allograft

6. Manuscript Identifying Number (if you know it)  
   JSS-19-419

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Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?  

Are there any relevant conflicts of interest?  
   ☑ Yes  ☑ No

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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Garvey reports personal fees from Medtronic, outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Benjamin

2. Surname (Last Name)  
   Mueller

3. Date  
   11-May-2020

4. Are you the corresponding author?  
   ✔ Yes  
   No

   Corresponding Author's Name  
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Dr. Mueller has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  James
2. Surname (Last Name)  Schwender
3. Date  11-May-2020
4. Are you the corresponding author?  ☑ Yes  ☐ No

Corresponding Author’s Name  John Dawson, PhD

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