ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. **Identifying information.**

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4. **Intellectual Property.**

5. **Relationships not covered above.**
   
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**Royalties:** Funds are coming in to you or your institution due to your patent

Swiatek
### Section 1. Identifying Information

1. Given Name (First Name)  
   Peter

2. Surname (Last Name)  
   Swiatek

3. Date  
   18-June-2020

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Intraoperative Image Guidance for Lateral Position Surgery

6. Manuscript Identifying Number (if you know it)  

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   No

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Are there any relevant conflicts of interest?  
   ✔ Yes  
   No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   ✔ Yes  
   No
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Dr. Swiatek has nothing to disclose.

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McCarthy
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Michael h
2. Surname (Last Name)  McCarthy
3. Date  05-June-2020
4. Are you the corresponding author?  No

Section 2. The Work Under Consideration for Publication

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?  No

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. McCarthy has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Joseph

2. Surname (Last Name)  
   Weiner

3. Date  
   18-June-2020

4. Are you the corresponding author?  
   ✔ No

   Corresponding Author’s Name  
   Peter Swiatek

5. Manuscript Title  
   Intraoperative Image Guidance for Lateral Position Surgery

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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.)?

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Dr. Weiner has nothing to disclose.

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### Section 1. Identifying Information

| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date |
|---------------------------|------------------------|--------|
| Shivani                  | Bhargava               | 18-June-2020 |

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

5. Manuscript Title
   Intraoperative Image Guidance for Lateral Position Surgery

6. Manuscript Identifying Number (if you know it)

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| 1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date |
|---------------------------|------------------------|---------|
| Avani                     | Vaishnav               | 18-June-2020 |

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

Corresponding Author's Name  
Peter R. Swiatek, MD

5. Manuscript Title  
Intraoperative Image Guidance for Lateral Position Surgery

6. Manuscript Identifying Number (if you know it)  
ATM-2020-IOI-10

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Dr. Vaishnav 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)  
   Sravisht

2. Surname (Last Name)  
   Iyer

3. Date  
   18-June-2020

4. Are you the corresponding author?  
   ✔ No

5. Manuscript Title  
   Intraoperative Image Guidance for Lateral Position Surgery

6. Manuscript Identifying Number (if you know it)

**Corresponding Author’s Name**  
Peter Swiatek

**Section 2. The Work Under Consideration for Publication**

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.)?  
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### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Iyer reports personal fees from Globus Medical, Inc., personal fees from Healthgrades, other from Innovasis, outside the submitted work; .

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