

## 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.

#### 2. The work under consideration for publication.

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

#### 5. Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

#### Definitions.

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**Other:** Anything not covered under the previous three boxes

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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)

Joseph

2. Surname (Last Name)

Weiner

3. Date

18-June-2020

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Narrative Review of Intraoperative Image Guidance for Transforaminal Lumbar Interbody Fusion

6. Manuscript Identifying Number (if you know it)

ATM-2020-IOI-08(ATM-20-1971)

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

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

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

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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### Section 5. Relationships not covered above

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Dr. Weiner has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

|   |                                    |  |
|---|------------------------------------|--|
| 1. Given Name (First Name)<br>Michael   | 2. Surname (Last Name)<br>McCarthy | 3. Date<br>05-June-2020                      |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No            |                                    | Corresponding Author's Name<br>Joseph Weiner |
| 5. Manuscript Title<br>Narrative Review of Intraoperative Image Guidance for Transforaminal Lumbar Interbody Fusion |                                    |  |
| 6. Manuscript Identifying Number (if you know it)<br>ATM-2020-IOI-08(ATM-20-1971)                                   |                                    |  |

### 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? ☐ Yes ☒ No

### Section 3. Relevant financial activities outside the submitted work.

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No



ICMJE

INTERNATIONAL COMMITTEE *of*  
MEDICAL JOURNAL EDITORS

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### Section 5.

#### Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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### Section 6.

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Dr. McCarthy has nothing to disclose.

### Evaluation and Feedback

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### Section 1. Identifying Information

|   |                                   |  |
|---|-----------------------------------|--|
| 1. Given Name (First Name)<br>Peter   | 2. Surname (Last Name)<br>Swiatek | 3. Date<br>18-June-2020                      |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No            |                                   | Corresponding Author's Name<br>Joseph Weiner |
| 5. Manuscript Title<br>Narrative Review of Intraoperative Image Guidance for Transforaminal Lumbar Interbody Fusion |                                   |  |
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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Swiatek has nothing to disclose.

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### Section 1. Identifying Information

|   |                                 |  |
|---|---------------------------------|--|
| 1. Given Name (First Name)<br>Philip  | 2. Surname (Last Name)<br>Louie | 3. Date<br>18-June-2020                      |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No            |                                 | Corresponding Author's Name<br>Joseph Weiner |
| 5. Manuscript Title<br>Narrative Review of Intraoperative Image Guidance for Transforaminal Lumbar Interbody Fusion |                                 |  |
| 6. Manuscript Identifying Number (if you know it)<br>ATM-2020-IOI-08(ATM-20-1971)                                   |                                 |  |

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### Section 1. Identifying Information

|   |                                   |                         |
|---|-----------------------------------|-------------------------|
| 1. Given Name (First Name)<br>Sheeraz   | 2. Surname (Last Name)<br>Qureshi | 3. Date<br>18-June-2020 |
| 4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No            |                                   |                         |
| Corresponding Author's Name<br>Joseph Weiner  |                                   |                         |
| 5. Manuscript Title<br>Narrative Review of Intraoperative Image Guidance for Transforaminal Lumbar Interbody Fusion |                                   |                         |
| 6. Manuscript Identifying Number (if you know it)<br>ATM-2020-IOI-08(ATM-20-1971)                                   |                                   |                         |

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

| Name of Institution/Company      | Grant?                   | Personal Fees?           | Non-Financial Support?   | Other?                   | Comments        |
|----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------------|
| Annals of Translational Medicine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Editorial Board |

### Section 3. Relevant financial activities outside the submitted work.

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

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| Name of Entity       | Grant?                   | Personal Fees?                      | Non-Financial Support?   | Other?                              | Comments     |
|----------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------|
| Globus Medical, Inc. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |              |
| Healthgrades         | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Board member |
| Avaz Surgical        | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Stock        |

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| Name of Entity | Grant?                   | Personal Fees?                      | Non-Financial Support?   | Other?                              | Comments |
|----------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|----------|
| Paradigm Spine | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |          |
| Stryker        | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |          |
| Vital 5        | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Stock    |

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### Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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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. Qureshi reports personal fees from Globus Medical, Inc. , personal fees and other from Healthgrades, other from Avaz Surgical, personal fees from Paradigm Spine, personal fees from Stryker , other from Vital 5, outside the submitted work; and Annals of Translational Medicine Editorial Board Member.

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