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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4. **Intellectual Property.**
   - This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. **Relationships not covered above.**
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**ICMJE Form for Disclosure of Potential Conflicts of Interest**

### Section 1. Identifying Information

1. **Given Name (First Name)**  
   Venkat

2. **Surname (Last Name)**  
   Boddapati

3. **Date**  
   07-June-2020

4. **Are you the corresponding author?**  
   ✔ Yes  
   No

5. **Manuscript Title**  
   Intraoperative Image Guidance for the Surgical Treatment of Adult Spinal Deformity

6. **Manuscript Identifying Number (if you know it)**  
   ATM-20-2765

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### 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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✔ Yes  
No

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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 6. Disclosure Statement

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Dr. Boddapati 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)  
   Joseph  

2. Surname (Last Name)  
   Lombardi  

3. Date  
   07-June-2020

4. Are you the corresponding author?  
   Yes ✔ No

Corresponding Author’s Name  
Venkat Boddapati, MD

5. Manuscript Title  
   Intraoperative Image Guidance for the Surgical Treatment of Adult Spinal Deformity

6. Manuscript Identifying Number (if you know it)  
   ATM-20-2765

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Dr. Lombardi has nothing to disclose.

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### Section 1. Identifying Information

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

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

3. **Date**
   - 07-June-2020

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

   **Corresponding Author’s Name**
   - Venkat Boddapati, MD

5. **Manuscript Title**
   - Intraoperative Image Guidance for the Surgical Treatment of Adult Spinal Deformity

6. **Manuscript Identifying Number (if you know it)**
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Dr. Urakawa has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Ronald
2. Surname (Last Name) Lehman
3. Date 07-June-2020
4. Are you the corresponding author? ☑ Yes
5. Manuscript Title
   Intraoperative Image Guidance for the Surgical Treatment of Adult Spinal Deformity
6. Manuscript Identifying Number (if you know it)
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If yes, please fill out the appropriate information below.

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<th>Non-Financial Support?</th>
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<td>Royalty, Consulting</td>
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Lehman
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Dr. Lehman reports personal fees and other from Medtronic, personal fees and other from Stryker, outside the submitted work.

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