Date:4/20/2024_	
Your Name:Davin	Gong, MD
Manuscript Title:	Computer-Assisted Navigation of Anterior Odontoid Screw Fixation for Type II
Odontoid Fracture: Ca	ase Report and Practical Positioning Technique
Manuscript number (if	known):

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.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. 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.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present	x_None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	x_None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	x_None	
4	Consulting fees	_xNone	

5	Payment or honoraria for	x_None	
	lectures, presentations,		
	speakers bureaus, manuscript writing or		
	educational events		
6	Payment for expert	x_None	
	testimony		
7	Support for attending meetings and/or travel	x_None	
	<b>U V</b>		
8	Patents planned, issued or	x_None	
	pending		
9	Participation on a Data	x_None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	x_None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	x None	
12 Receipt of equipment,		x_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	_xNone	
	financial interests		

None.

Please place an "X" next to the following statement to indicate your agreement:

Date:4/20/2024				
Your Name:Mohamed Ya	assin			
Manuscript Title:	Computer-Assisted Navigation of Anterior Odontoid Screw Fixation for Type II			
Odontoid Fracture: Case Report and Practical Positioning Technique				
Manuscript number (if known):				

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	testimony		
7	Support for attending meetings and/or travel	x_None	
	с <i>у</i>		
8	Patents planned, issued or	x_None	
	pending		
9	Participation on a Data	x_None	
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	Advisory Board		
10	Leadership or fiduciary role	x_None	
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12 Receipt of equipment,		x_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	_xNone	
	financial interests		

None.

Please place an "X" next to the following statement to indicate your agreement:

Date:4/20/2024	
Your Name: Rakesh Pate	l, MD
Manuscript Title:	Computer-Assisted Navigation of Anterior Odontoid Screw Fixation for Type II
Odontoid Fracture: Case Ro	eport and Practical Positioning Technique
Manuscript number (if know	n):

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10	Leadership or fiduciary role	x_None	
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12 Receipt of equipment,		x_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	_xNone	
	financial interests		

None.

Please place an "X" next to the following statement to indicate your agreement:

Date:4/20/	/2024			
Your Name:	Osama Kashlan, MD			
Manuscript Title	Computer-Assisted Navigation of Anterior Odontoid Screw Fixation for Type II			
Odontoid Fracture: Case Report and Practical Positioning Technique				
Manuscript num	ber (if known):			

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	educational events		
6	Payment for expert	x_None	
	testimony		
7	Support for attending meetings and/or travel	x_None	
	с <i>у</i>		
8	Patents planned, issued or	x_None	
	pending		
9	Participation on a Data	x_None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	x_None	
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12 Receipt of equipment,		x_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	_xNone	
	financial interests		

None.

Please place an "X" next to the following statement to indicate your agreement:

Date:4/20/2024					
Your Name:Ilyas Aleem, MD					
Manuscript Title:	Computer-Assisted Navigation of Anterior Odontoid Screw Fixation for Type II				
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Manuscript number (if known):					

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	No time limit for this item.					
	Time frame: past 36 months					
2	Grants or contracts from	x_None				
	any entity (if not indicated					
	in item #1 above).					
3	Royalties or licenses	x_None				
4	Consulting fees	_xNone				

5	Payment or honoraria for lectures, presentations,	x_None	
	speakers bureaus, manuscript writing or		
	educational events		
6		x_None	
	testimony		
7	Support for attending meetings and/or travel	x_None	
	с ,		
8	Patents planned, issued or	x_None	
	pending		
9	Participation on a Data	x_None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	x_None	
	in other board, society, committee or advocacy		
	group, paid or unpaid		
11		x None	
12	materials, drugs, medical	x_None	
	writing, gifts or other services		
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