Date:25-02-2022
Your Name: Allard J. F. Hosman
Manuscript Title: Neurological recovery after early versus delayed surgical decompression for acute, traumatic spinal
cord injury: a prospective, observational, European multicenter (SCI-POEM) study
Manuscript number (if known): N/A

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 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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

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

\_X\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: _March 16, 2022
our Name: Giuseppe Barbagallo
Manuscript Title: Neurological recovery after early versus delayed surgical decompression for acute, traumatic spinal
ord injury: a prospective, observational, European multicenter (SCI-POEM) study
Manuscript number (if known): N/A

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

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

\_ X \_\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:December 16, 2021
Your Name: Eugen Cezar Popescu
Manuscript Title: Neurological recovery after early versus delayed surgical decompression for acute, traumatic spinal
cord injury: a prospective, observational, European multicenter (SCI-POEM) study
Manuscript number (if known): N/A

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

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

\_ X \_\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ate:17.02.2022
_
our Name: F. Cumhur Öner
Manuscript Title: Neurological recovery after early versus delayed surgical decompression for acute, traumatic spinal
ord injury: a prospective, observational, European multicenter (SCI-POEM) study
Nanuscript number (if known): N/A

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	All and a set for the area and		planning of the work
1	All support for the present	None	
	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)  No time limit for this item.		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

Payment or honoraria for	None	
	None	
Payment for expert	None	
testimony		
Support for attending meetings and/or travel	None	
Patents planned, issued or	None	
pending		
	None	
-	Nama	
	None	
•		
Stock or stock options	None	
	None	
writing, gifts or other services		
Other financial or non-	None	
financial interests		
	Support for attending meetings and/or travel  Patents planned, issued or pending  Participation on a Data Safety Monitoring Board or Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options  Receipt of equipment, materials, drugs, medical writing, gifts or other services  Other financial or non-	lectures, presentations, speakers bureaus, manuscript writing or educational events  Payment for expert testimony  Support for attending meetings and/or travel  Patents planned, issued or pending  Participation on a Data Safety Monitoring Board or Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  Stock or stock options  Receipt of equipment, materials, drugs, medical writing, gifts or other services  Other financial or non- None

\_\_x\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:December 12, 2021
Your Name: Henk van de Meent
Manuscript Title: Neurological recovery after early versus delayed surgical decompression for acute, traumatic spinal
cord injury: a prospective, observational, European multicenter (SCI-POEM) study
Manuscript number (if known): N/A

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.

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		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)
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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

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

X \_\_\_\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:December 16, 2021
Your Name: Federico De lure
Manuscript Title: Neurological recovery after early versus delayed surgical decompression for acute, traumatic spinal
cord injury: a prospective, observational, European multicenter (SCI-POEM) study
Manuscript number (if known): N/A

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.

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4	All account for the con-	Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding,	None	
	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	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

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

\_ X \_\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:December	16, 2021
Your Name: Jacopo	Bonavita
Manuscript Title: N	eurological recovery after early versus delayed surgical decompression for acute, traumatic spinal
cord injury: a prosp	ective, observational, European multicenter (SCI-POEM) study
Manuscript number	r (if known): N/A

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

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

\_X\_\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:December 16, 2021
Your Name: Michael Kreinest
Manuscript Title: Neurological recovery after early versus delayed surgical decompression for acute, traumatic spinal
cord injury: a prospective, observational, European multicenter (SCI-POEM) study
Manuscript number (if known): N/A

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

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

\_X\_\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: D	December 16, 2021
Your Name	e: Richard A. Lindtner
Manuscript	t Title: Neurological recovery after early versus delayed surgical decompression for acute, traumatic spinal
cord injury	: a prospective, observational, European multicenter (SCI-POEM) study
Manuscrip	t number (if known): N/A

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

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

\_X\_\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 10 <sup>th</sup> N	ovember 2021
Your Name:	Nasir A Quraishi

Manuscript Title: Neurological recovery after early versus delayed surgical decompression for acute, traumatic spinal

cord injury: a prospective, observational, European multicenter (SCI-POEM) study

Manuscript number (if known): N/A\_\_\_\_\_

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		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)
1	All support for the present	Time frame: Since the initial  None	planning of the work
*	manuscript (e.g., funding,	14011C	
	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	None	30 months
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
	Consultingfore	Mana	
4	Consulting fees	None	

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

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Signed:

Date: 10.11.2021

Date:22.02.2022	
Your Name: Pradeep Thumbikat	
Manuscript Title: Neurological recovery after early versus delayed surgical decompression for acute, traumatic spina	al
cord injury: a prospective, observational, European multicenter (SCI-POEM) study	
Manuscript number (if known): N/A	

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		Time frame: Since the initial	planning of the work
1	All support for the present	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	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

Payment or honoraria for	None	
	None	
Payment for expert	None	
testimony		
Support for attending meetings and/or travel	None	
Patents planned, issued or	None	
pending		
	None	
-	Nama	
	None	
•		
Stock or stock options	None	
	None	
writing, gifts or other services		
Other financial or non-	None	
financial interests		
	Support for attending meetings and/or travel  Patents planned, issued or pending  Participation on a Data Safety Monitoring Board or Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options  Receipt of equipment, materials, drugs, medical writing, gifts or other services  Other financial or non-	lectures, presentations, speakers bureaus, manuscript writing or educational events  Payment for expert testimony  Support for attending meetings and/or travel  Patents planned, issued or pending  Participation on a Data Safety Monitoring Board or Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  Stock or stock options  Receipt of equipment, materials, drugs, medical writing, gifts or other services  Other financial or non- None

\_\_x\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:December 16, 2021
Your Name: Vide Bilić
Manuscript Title: Neurological recovery after early versus delayed surgical decompression for acute, traumatic spinal
cord injury: a prospective, observational, European multicenter (SCI-POEM) study
Manuscript number (if known): N/A

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4	All account for the con-	Time frame: Since the initial	planning of the work
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	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	36 months
2	Grants or contracts from	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

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

\_\_X\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:25.02.2022
<u></u>
Your Name: Jeremy Reynolds
Manuscript Title: Neurological recovery after early versus delayed surgical decompression for acute, traumatic spinal
cord injury: a prospective, observational, European multicenter (SCI-POEM) study
Manuscript number (if known): N/A

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 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 manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

Payment or honoraria for	None	
	None	
Payment for expert	None	
testimony		
Support for attending meetings and/or travel	None	
Patents planned, issued or	None	
pending		
	None	
-	Nama	
	None	
•		
Stock or stock options	None	
	None	
writing, gifts or other services		
Other financial or non-	None	
financial interests		
	Support for attending meetings and/or travel  Patents planned, issued or pending  Participation on a Data Safety Monitoring Board or Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid Stock or stock options  Receipt of equipment, materials, drugs, medical writing, gifts or other services  Other financial or non-	lectures, presentations, speakers bureaus, manuscript writing or educational events  Payment for expert testimony  Support for attending meetings and/or travel  Patents planned, issued or pending  Participation on a Data Safety Monitoring Board or Advisory Board  Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid  Stock or stock options  Receipt of equipment, materials, drugs, medical writing, gifts or other services  Other financial or non- None

\_\_x\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: December 16, 2021
Your Name: Maurizio Belci
Manuscript Title: Neurological recovery after early versus delayed surgical decompression for acute, traumatic spinal
cord injury: a prospective, observational, European multicenter (SCI-POEM) study
Manuscript number (if known): N/A

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.

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		Time frame: Since the initial	planning of the work
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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

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

\_X\_\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:08.11.2021	
Your Name: Alp Özgün Bö	rcek
<b>Manuscript Title: Neurolo</b>	gical recovery after early versus delayed surgical decompression for acute, traumatic spina
cord injury: a prospective	observational, European multicenter (SCI-POEM) study
Manuscript number (if kn	own): N/A

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>.

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

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

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: December 16, 2021	
Your Name: Seamus Morris	
Manuscript Title: Neurological recovery after early versus delayed surgical decompression for acute, traumatic spin	al
cord injury: a prospective, observational, European multicenter (SCI-POEM) study	
Manuscript number (if known): N/A	

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

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

\_X\_\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: December 16, 2021
Your Name: Christoph Hoffmann
Manuscript Title: Neurological recovery after early versus delayed surgical decompression for acute, traumatic spinal
cord injury: a prospective, observational, European multicenter (SCI-POEM) study
Manuscript number (if known): N/A

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.

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4	All account for the con-	Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding,	None	
	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	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	

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

\_X\_\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	_13/11/2021
Your Name:	Francesco Signorelli
Manuscript	Title: Neurological recovery after early versus delayed surgical decompression for acute, traumatic spinal
cord injury:	a prospective, observational, European multicenter (SCI-POEM) study
Manuscript	number (if known): N/A

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	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	None	
	any entity (if not indicated		
	in item #1 above).		
3	Royalties or licenses	None	
4	Consulting fees	None	
-	Consulting ICCs	140116	

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

X I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: Dec	ember 16, 2021
Your Name:	Konstantin Uzunov
Manuscript '	Title: Neurological recovery after early versus delayed surgical decompression for acute, traumatic spinal
cord injury:	a prospective, observational, European multicenter (SCI-POEM) study
Manuscript	number (if known): N/A

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

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

\_\_X\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date:	_25-Feb-2022
Your Na	ime: Joost J. van Middendorp
Manuso	ript Title: Neurological recovery after early versus delayed surgical decompression for acute, traumatic spinal
cord inj	ury: a prospective, observational, European multicenter (SCI-POEM) study
Manuso	ript number (if known): N/A

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.

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		Time frame: Since the initial	planning of the work
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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
4	Consulting fees	None	

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