

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 4. Intellectual Property.

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

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Elizabeth

2. Surname (Last Name)  
Boyer

3. Date  
30-March-2017

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Long-term outcomes after distal femoral extension osteotomy and patellar tendon advancement in young adults with cerebral palsy

6. Manuscript Identifying Number (if you know it)

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

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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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Dr. Boyer has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Sarah	2. Surname (Last Name) Gutknecht	3. Date 06-April-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Elizabeth R. Boyer
5. Manuscript Title Long-term outcomes after distal femoral extension osteotomy and patellar tendon advancement in young adults with cerebral palsy		
6. Manuscript Identifying Number (if you know it)		

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Jennifer

2. Surname (Last Name)  
Laine

3. Date  
03-July-2017

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Elizabeth R. Boyer

5. Manuscript Title  
Long-term outcomes after distal femoral extension osteotomy and patellar tendon advancement in individuals with cerebral palsy

6. Manuscript Identifying Number (if you know it)  
JBJS-D-17-00480

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Dr. Laine has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Meghan	2. Surname (Last Name) Munger	3. Date 03-July-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Elizabeth R. Boyer
5. Manuscript Title Long-term outcomes after distal femoral extension osteotomy and patellar tendon advancement in individuals with cerebral palsy		
6. Manuscript Identifying Number (if you know it) JBJS-D-17-00480		

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Mrs. Munger has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)

Tom

2. Surname (Last Name)

Novacheck

3. Date

03-April-2017

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Elizabeth R. Boyer

5. Manuscript Title

Long-term outcomes after distal femoral extension osteotomy and patellar tendon advancement in young adults with cerebral palsy

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Dr. Novacheck 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)  
Lucas Henrique

2. Surname (Last Name)  
Araujo de Oliveira

3. Date  
07-April-2017

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Elizabeth R. Boyer

5. Manuscript Title

Long-term outcomes after distal femoral extension osteotomy and patellar tendon advancement in young adults with cerebral palsy

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.)?

Are there any relevant conflicts of interest?  Yes  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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### 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. Araujo de Oliveira has nothing to disclose.

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#### 1. Identifying information.

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

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Michael

2. Surname (Last Name)

Schwartz

3. Date

02-April-2017

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Elizabeth R. Boyer

5. Manuscript Title

Long-term outcomes after distal femoral extension osteotomy and patellar tendon advancement in young adults with cerebral palsy

6. Manuscript Identifying Number (if you know it)

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Dr. Schwartz has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Jean

2. Surname (Last Name)

Stout

3. Date

31-March-2017

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Elizabeth R. Boyer

5. Manuscript Title

Long-term outcomes after distal femoral extension osteotomy and patellar tendon advancement in young adults with cerebral palsy

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