

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.

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

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) Michael	2. Surname (Last Name) Blum	3. Date 06-February-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name John M. Flynn, MD
5. Manuscript Title A Dedicated Pediatric Spine Deformity Team Significantly Reduces Surgical Time and Cost		
6. Manuscript Identifying Number (if you know it) JBJS-D-17-01584R1		

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

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Section 6. Disclosure Statement

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Mr. Blum 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) Barbara	2. Surname (Last Name) DeZayas	3. Date 01-February-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name John M. Flynn, MD
5. Manuscript Title A Dedicated Pediatric Spine Deformity Team Significantly Reduces Surgical Time and Cost		
6. Manuscript Identifying Number (if you know it) JBJS-D-17-01584R1		

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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

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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Dr. DeZayas 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) Jeffrey	2. Surname (Last Name) Feldman	3. Date 05-March-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr. John Flynn
5. Manuscript Title A Dedicated Pediatric Spine Deformity Team Significantly Reduces Surgical Time and Cost		
6. Manuscript Identifying Number (if you know it) JBJS-D-17-01584R1		

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Are there any relevant conflicts of interest? Yes No

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Feldman 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)
John

2. Surname (Last Name)
Flynn

3. Date
01-February-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
A Dedicated Pediatric Spine Deformity Team Significantly Reduces Surgical Time and Cost

6. Manuscript Identifying Number (if you know it)
JBJS-D-17-01584R1

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Biomet	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IP royalties
Wolters Kluwer Health - Lippincott Williams & Wilkins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Publishing royalties, financial or material support

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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AAOS: Board or committee member
American Board of Orthopaedic Surgery, Inc.: Board or committee member
Orthopedics Today: Editorial or governing board
Pediatric Orthopaedic Society of North America: Board or committee member
Scoliosis Research Society: Board or committee member

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Dr. Flynn reports personal fees from Biomet, other from Wolters Kluwer Health - Lippincott Williams & Wilkins, outside the submitted work; and AAOS: Board or committee member
American Board of Orthopaedic Surgery, Inc.: Board or committee member
Orthopedics Today: Editorial or governing board
Pediatric Orthopaedic Society of North America: Board or committee member
Scoliosis Research Society: Board or committee member.

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1. Given Name (First Name) Ron	2. Surname (Last Name) Keren	3. Date 01-February-2018
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Mr. Keren has nothing to disclose.

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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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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) Blair	2. Surname (Last Name) Kraus	3. Date 01-February-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name John M. Flynn, MD
5. Manuscript Title A Dedicated Pediatric Spine Deformity Team Significantly Reduces Surgical Time and Cost		
6. Manuscript Identifying Number (if you know it) JBJS-D-17-01584R1		

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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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. Kraus 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) Vaidehi	2. Surname (Last Name) Mehta	3. Date 05-February-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name John M. Flynn, MD
5. Manuscript Title A Dedicated Pediatric Spine Deformity Team Significantly Reduces Surgical Time and Cost		
6. Manuscript Identifying Number (if you know it) JBJS-D-17-01584R1		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

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Mrs. Mehta 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) Wallis	2. Surname (Last Name) Muhly	3. Date 31-January-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name John M. Flynn, MD
5. Manuscript Title A Dedicated Pediatric Spine Deformity Team Significantly Reduces Surgical Time and Cost		
6. Manuscript Identifying Number (if you know it) JBJS-D-17-01584R1		

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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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

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Dr. Muhly 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) Wudbhav	2. Surname (Last Name) Sankar	3. Date 02-February-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name John M. Flynn, MD
5. Manuscript Title A Dedicated Pediatric Spine Deformity Team Significantly Reduces Surgical Time and Cost		
6. Manuscript Identifying Number (if you know it) JBJS-D-17-01584R1		

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

Section 4. Intellectual Property -- Patents & Copyrights

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

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Dr. Sankar 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)
Brendan

2. Surname (Last Name)
Striano

3. Date
02-February-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
John Flynn

5. Manuscript Title
A Dedicated Pediatric Spine Deformity Team Significantly Reduces Surgical Time and Cost

6. Manuscript Identifying Number (if you know it)

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Dr. Striano has nothing to disclose.

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