

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Martin

2. Surname (Last Name)
Herman

3. Date
13-April-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Pediatric Cervical Spine Clearance: A Consensus Statement and Algorithm from the Pediatric Cervical Spine Clearance Working Group

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
POSNA Start Up Grant	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Texas Scottish Rite Hospital Foundation, Dallas, TX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Donate use of facilities and catering services

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Dr. Herman reports grants from POSNA Start Up Grant, other from Texas Scottish Rite Hospital Foundation, Dallas, TX, during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Philip

2. Surname (Last Name)

Petrucelli

3. Date

28-April-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Martin Herman

5. Manuscript Title

Pediatric cervical spine clearance: a consensus statement and algorithm from the Pediatric Cervical Spine Clearance Working Group

6. Manuscript Identifying Number (if you know it)

JBJS-D-18-00217R1

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Dr. Petrucci 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)

Adam

2. Surname (Last Name)

Alder

3. Date

14-May-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Martin Herman

5. Manuscript Title

Pediatric cervical spine clearance: a consensus statement and algorithm from the Pediatric Cervical Spine Clearance Working Group

6. Manuscript Identifying Number (if you know it)

JBJS-D-18-00217R1

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Section 1. Identifying Information

1. Given Name (First Name)

Robert

2. Surname (Last Name)

Bernstein

3. Date

10-May-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Martin Herman

5. Manuscript Title

Pediatric cervical spine clearance: a consensus statement and algorithm from the Pediatric Cervical Spine Clearance Working Group

6. Manuscript Identifying Number (if you know it)

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Dr. Bernstein has nothing to disclose.

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Timothy

2. Surname (Last Name)

Booth

3. Date

10-May-2018

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Yes No

Corresponding Author's Name

Martin Herman

5. Manuscript Title

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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)

Bruno

2. Surname (Last Name)

Braga

3. Date

27-April-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Martin Herman

5. Manuscript Title

Pediatric cervical spine clearance: a consensus statement and algorithm from the Pediatric Cervical Spine Clearance Working Group

6. Manuscript Identifying Number (if you know it)

JBJS-D-18-00217R1

Section 2. The Work Under Consideration for Publication

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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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Relationships not covered above

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Section 6.

Disclosure Statement

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Dr. Braga 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)

Douglas

2. Surname (Last Name)

Brockmeyer

3. Date

27-April-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Martin Herman

5. Manuscript Title

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JBJS-D-18-00217R1

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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. Brockmeyer 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)

Patrick

2. Surname (Last Name)

Cahill

3. Date

27-April-2018

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Martin Herman

5. Manuscript Title

Pediatric cervical spine clearance: a consensus statement and algorithm from the Pediatric Cervical Spine Clearance Working Group

6. Manuscript Identifying Number (if you know it)

JBJS-D-18-00217R1

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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
Biogen, Inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	paid consultant
NuVasive, Inc	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	paid consultant

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
Journal of Bone and Joint Surgery - American: Editorial or governing board
Pediatric Orthopaedic Society of North America: Board or committee member
Scoliosis Research Society: Board or committee member
Spine Deformity: Editorial or governing board

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Dr. Cahill reports personal fees from Biogen, Inc., personal fees from NuVasive, Inc, outside the submitted work; and AAOS: Board or committee member
Journal of Bone and Joint Surgery - American: 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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

John

2. Surname (Last Name)

Anderson

3. Date

01-May-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Martin Herman

5. Manuscript Title

Pediatric cervical spine clearance: a consensus statement and algorithm from the Pediatric Cervical Spine Clearance Working Group

6. Manuscript Identifying Number (if you know it)

JBJS-D-18-00217R1

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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
American Academy of Pediatrics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Paid to give lectures

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. Anderson reports other from American Academy of Pediatrics, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Jeanne

2. Surname (Last Name)

Joglar

3. Date

14-May-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Martin Herman

5. Manuscript Title

Pediatric cervical spine clearance: a consensus statement and algorithm from the Pediatric Cervical Spine Clearance Working Group

6. Manuscript Identifying Number (if you know it)

JBJS-D-18-00217R1

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Are there any relevant conflicts of interest? Yes No

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Dr. Joglar 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)

Julie

2. Surname (Last Name)

Leonard

3. Date

04-May-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Martin Herman

5. Manuscript Title

Pediatric cervical spine clearance: a consensus statement and algorithm from the Pediatric Cervical Spine Clearance Working Group

6. Manuscript Identifying Number (if you know it)

JBJS-D-18-00217R1

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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

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Leonard 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)

Martus

3. Date

28-April-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Martin Herman

5. Manuscript Title

Pediatric cervical spine clearance: a consensus statement and algorithm from the Pediatric Cervical Spine Clearance Working Group

6. Manuscript Identifying Number (if you know it)

JBJS-D-18-00217R1

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Kush

2. Surname (Last Name)

Mody

3. Date

27-April-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Martin Herman

5. Manuscript Title

Pediatric cervical spine clearance: a consensus statement and algorithm from the Pediatric Cervical Spine Clearance Working Group

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Matthew

2. Surname (Last Name)

Moront

3. Date

21-May-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Martin Herman

5. Manuscript Title

Pediatric cervical spine clearance: a consensus statement and algorithm from the Pediatric Cervical Spine Clearance Working Group

6. Manuscript Identifying Number (if you know it)

JBJS-D-18-00217R1

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Section 1. Identifying Information

1. Given Name (First Name)

JO-ANN

2. Surname (Last Name)

NESIAMA

3. Date

27-April-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Martin Herman

5. Manuscript Title

Pediatric cervical spine clearance: a consensus statement and algorithm from the Pediatric Cervical Spine Clearance Working Group

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Dr. NESIAMA has nothing to disclose.

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Joshua

2. Surname (Last Name)

Pahys

3. Date

27-April-2018

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 Yes No

Corresponding Author's Name

Martin Herman

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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
DePuy Synthes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
NuVasive	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Zimmer Biomet	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant

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Dr. Pahys reports personal fees from DePuy Synthes, personal fees from NuVasive, personal fees from Zimmer Biomet, outside the submitted work;

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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.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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.

4. Intellectual Property.

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

5. Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

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Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

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)

Jonathan

2. Surname (Last Name)

Phillips

3. Date

01-May-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Marin Herman

5. Manuscript Title

Pediatric cervical spine clearance: a consensus statement and algorithm from the Pediatric Cervical Spine Clearance Working Group

6. Manuscript Identifying Number (if you know it)

JBJS-D-18-00217R1

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.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Royalties
OrthoPediatrics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Royalties
OrthoPediatrics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Paid Consultant
Biomet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Research Support
OrthoPediatrics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Spine Advisory Board
Springer Publishing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Royalties, financial or material support
OrthoPediatrics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Board Member



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4.

Intellectual Property -- Patents & Copyrights

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

Section 5.

Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

Yes, the following relationships/conditions/circumstances are present (explain below):

No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

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. Phillips reports other from Biomet, other from OrthoPediatrics, other from OrthoPediatrics, other from Biomet, other from OrthoPediatrics, other from Springer Publishing, other from OrthoPediatrics, outside the submitted work; .

Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.

ICMJE Form for Disclosure of Potential Conflicts of Interest

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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)

Richard

2. Surname (Last Name)

Anderson

3. Date

05-May-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Martin Herman

5. Manuscript Title

Pediatric cervical spine clearance: a consensus statement and algorithm from the Pediatric Cervical Spine Clearance Working Group

6. Manuscript Identifying Number (if you know it)

JBJS-D-18-00217R1

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

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- Yes, the following relationships/conditions/circumstances are present (explain below):
 No other relationships/conditions/circumstances that present a potential conflict of interest

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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. Anderson has nothing to disclose.

Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.

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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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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)

Karl

2. Surname (Last Name)

Rathjen

3. Date

09-May-2018

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Martin Herman

5. Manuscript Title

Pediatric cervical spine clearance: a consensus statement and algorithm from the Pediatric Cervical Spine Clearance Working Group

6. Manuscript Identifying Number (if you know it)

JBJS-D-18-00217R1

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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Mati Therapeutics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stock/Stock Options

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

Section 5.

Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- Yes, the following relationships/conditions/circumstances are present (explain below):
 No other relationships/conditions/circumstances that present a potential conflict of interest

Limb Lengthening and Reconstruction Society, Pediatric Orthopedic Society of North America, Scoliosis Research Society: Board or Committee Member.

Elsevier: Publishing Royalties.

Journal of Pediatric Orthopaedics, Spine: Editorial Board

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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. Rathjen reports other from Mati Therapeutics, outside the submitted work; and Limb Lengthening and Reconstruction Society, Pediatric Orthopedic Society of North America, Scoliosis Research Society: Board or Committee Member.

Elsevier: Publishing Royalties.

Journal of Pediatric Orthopaedics, Spine: Editorial Board.

Evaluation and Feedback

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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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Issued: The patent has been issued by the agency

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)

Anthony

2. Surname (Last Name)

Riccio

3. Date

27-April-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Martin Herman

5. Manuscript Title

Pediatric cervical spine clearance: a consensus statement and algorithm from the Pediatric Cervical Spine Clearance Working Group

6. Manuscript Identifying Number (if you know it)

JBJS-D-18-00217R1

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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Elsevier	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Royalties
DePuy Synthes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Funding for US Army (Tripler Medical Center) Visiting Professorship
American Academy of Pediatrics	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Travel Funding to Serve as Workshop Faculty



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4.

Intellectual Property -- Patents & Copyrights

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

Section 5.

Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Section 6.

Disclosure Statement

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Dr. Riccio reports personal fees from Elsevier, personal fees and non-financial support from DePuy Synthes, non-financial support from American Academy of Pediatrics , outside the submitted work; .

Evaluation and Feedback

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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)

Jacob

2. Surname (Last Name)

Schulz

3. Date

10-May-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Martin Herman

5. Manuscript Title

Pediatric cervical spine clearance: a consensus statement and algorithm from the Pediatric Cervical Spine Clearance Working Group

6. Manuscript Identifying Number (if you know it)

JBJS-D-18-00217R1

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

Section 5. Relationships not covered above

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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. Schulz has nothing to disclose.

Evaluation and Feedback

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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)

Manish

2. Surname (Last Name)

Shah

3. Date

03-May-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Martin Herman

5. Manuscript Title

Pediatric cervical spine clearance: a consensus statement and algorithm from the Pediatric Cervical Spine Clearance Working Group

6. Manuscript Identifying Number (if you know it)

JBJS-D-18-00217R1

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

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Shah 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)

Paul

2. Surname (Last Name)

Sponseller

3. Date

29-April-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Martin Herman

5. Manuscript Title

Pediatric cervical spine clearance: a consensus statement and algorithm from the Pediatric Cervical Spine Clearance Working Group

6. Manuscript Identifying Number (if you know it)

JBJS-D-18-00217R1

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Sponseller 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)

Anthony

2. Surname (Last Name)

Stans

3. Date

09-May-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Martin Herman

5. Manuscript Title

Pediatric cervical spine clearance: a consensus statement and algorithm from the Pediatric Cervical Spine Clearance Working Group

6. Manuscript Identifying Number (if you know it)

JBJS-D-18-00217R1

Section 2. The Work Under Consideration for Publication

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Stans 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)

William

2. Surname (Last Name)

Warner

3. Date

04-May-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Martin Herman

5. Manuscript Title

Pediatric cervical spine clearance: a consensus statement and algorithm from the Pediatric Cervical Spine Clearance Working Group

6. Manuscript Identifying Number (if you know it)

JBJS-D-18-00217R1

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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. Warner 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)

Burt

2. Surname (Last Name)

Yaszay

3. Date

01-May-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Martin Herman

5. Manuscript Title

Pediatric cervical spine clearance: a consensus statement and algorithm from the Pediatric Cervical Spine Clearance Working Group

6. Manuscript Identifying Number (if you know it)

JBJS-D-18-00217R1

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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
Depuy Synthes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nuvasive	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
K2M	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Globus	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Orthopediatrics	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stryker	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Biogen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ethicon	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4.

Intellectual Property -- Patents & Copyrights

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments	
K2M	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			

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Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Dr. Yaszay reports grants and personal fees from Depuy Synthes, grants and personal fees from Nuvasive, grants and personal fees from K2M, personal fees from Globus, personal fees from Orthopediatrics, personal fees from Stryker, personal fees from Biogen, personal fees from Ethicon, outside the submitted work; In addition, Dr. Yaszay has a patent K2M with royalties paid.

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Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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.

4. Intellectual Property.

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

5. Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

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Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

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)

Kristin

2. Surname (Last Name)

Brown

3. Date

01-May-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Martin Herman

5. Manuscript Title

Pediatric cervical spine clearance: a consensus statement and algorithm from the Pediatric Cervical Spine Clearance Working Group

6. Manuscript Identifying Number (if you know it)

JBJS-D-18-00217R1

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.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

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

Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- Yes, the following relationships/conditions/circumstances are present (explain below):
 No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Kristin Brown has nothing to disclose.

Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.

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.

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".

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Darshan

2. Surname (Last Name)

Parikh

3. Date

29-April-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Martin Herman

5. Manuscript Title

Pediatric cervical spine clearance: a consensus statement and algorithm from the Pediatric Cervical Spine Clearance Working Group

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Darshan Parikh has nothing to disclose.

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