

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.

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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)
Mark

2. Surname (Last Name)
Dahl

3. Date
28-May-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
What's New in Limb Lengthening and Deformity Correction

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

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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
NuVasive	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paid consultant
Stryker Trauma	<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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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. Dahl reports personal fees from NuVasive, personal fees from Stryker Trauma, outside the submitted work; .

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)
Andrew

2. Surname (Last Name)
Georgiadis

3. Date
23-May-2019

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Mark T. Dahl, MD

5. Manuscript Title
What's New in Limb Lengthening and Deformity Correction

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

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Georgiadis has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Aaron	2. Surname (Last Name) Huser	3. Date 23-May-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Mark T. Dahl, MD
5. Manuscript Title What's New in Limb Lengthening and Deformity Correction		
6. Manuscript Identifying Number (if you know it)		

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Section 1. Identifying Information

1. Given Name (First Name)
Stewart

2. Surname (Last Name)
Morrison

3. Date
23-May-2019

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Mark T. Dahl, MD

5. Manuscript Title
What's New in Limb Lengthening and Deformity Correction

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