

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

2. The work under consideration for publication.

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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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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)
Linda

2. Surname (Last Name)
Helenius

3. Date
09-April-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Back Pain and Quality of Life after Surgical Treatment for Adolescent Idiopathic Scoliosis at 5-year Follow-up. Comparison with Healthy Controls and Patients with Untreated Idiopathic Scoliosis

6. Manuscript Identifying Number (if you know it)
JBJS-D-18-01370R1

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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
Finska Läkaresällskapet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Foundation for Pediatric research	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The Swedish Cultural Foundation in Finland	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Orion Research Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medtronic International	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
K2M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Helenius reports grants from Finska Läkaresällskapet, grants from Foundation for Pediatric research, grants from The Swedish Cultural Foundation in Finland , grants from Orion Research Foundation, grants from Medtronic International, grants from K2M, during the conduct of the study; .

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Section 1. Identifying Information

1. Given Name (First Name)

Elias

2. Surname (Last Name)

Diarbakerli

3. Date

11-February-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Linda Helenius

5. Manuscript Title

"Back Pain and Quality of Life after Surgical Treatment for Adolescent Idiopathic Scoliosis at 5-year Follow-up. Comparison with Healthy Controls and Patients with Untreated Idiopathic Scoliosis"

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Dr. Diarbakerli has nothing to disclose.

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1. Given Name (First Name)
Eliisa

2. Surname (Last Name)
Löyttyniemi

3. Date
12-February-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Linda Helenius

5. Manuscript Title
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Dr. Löyttyniemi has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Paul	2. Surname (Last Name) Gerdhem	3. Date 11-February-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Linda Helenius
5. Manuscript Title "Back Pain and Quality of Life after Surgical Treatment for Adolescent Idiopathic Scoliosis at 5-year Follow-up. Comparison with Healthy Controls and Patients with Untreated Idiopathic Scoliosis"		
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Dr. Gerdhem has nothing to disclose.

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4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Linda Helenius
5. Manuscript Title "Back Pain and Quality of Life after Surgical Treatment for Adolescent Idiopathic Scoliosis at 5-year Follow-up. Comparison with Healthy Controls and Patients with Untreated Idiopathic Scoliosis"		
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Markus	2. Surname (Last Name) Lastikka	3. Date 11-February-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Linda Helenius
5. Manuscript Title "Back Pain and Quality of Life after Surgical Treatment for Adolescent Idiopathic Scoliosis at 5-year Follow-up. Comparison with Healthy Controls and Patients with Untreated Idiopathic Scoliosis"		
6. Manuscript Identifying Number (if you know it) JBJS-D-18-01370R1		

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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. Lastikka 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) Tuula	2. Surname (Last Name) Manner	3. Date 11-February-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Linda Helenius
5. Manuscript Title "Back Pain and Quality of Life after Surgical Treatment for Adolescent Idiopathic Scoliosis at 5-year Follow-up. Comparison with Healthy Controls and Patients with Untreated Idiopathic Scoliosis"		
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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

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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. Manner 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) Ilkka 2. Surname (Last Name) Helenius 3. Date 11-February-2019

4. Are you the corresponding author? Yes No Corresponding Author's Name
Linda Helenius

5. Manuscript Title
Back Pain and Quality of Life after Surgical Treatment for Adolescent Idiopathic Scoliosis at 5-year Follow-up. Comparison with Healthy Controls and Patients with Untreated Idiopathic Scoliosis

6. Manuscript Identifying Number (if you know it)
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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
Medtronic International	<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"/>	
Innosurge	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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. Helenius reports grants and personal fees from Medtronic International, grants and personal fees from K2M, grants and personal fees from Innosurge, 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) Hanna	2. Surname (Last Name) Oksanen	3. Date 11-February-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Linda Helenius
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Dr. Oksanen 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)

Olli

2. Surname (Last Name)

Pajulo

3. Date

11-February-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Linda Helenius

5. Manuscript Title

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Are there any relevant conflicts of interest? Yes No

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