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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Royalties: Funds are coming in to you or your institution due to your patent
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Section 1. Identifying Information

1. Given Name (First Name)  Brandon
2. Surname (Last Name)  Ramo
3. Date  25-August-2020

4. Are you the corresponding author?  ✔ Yes  ☐ No

5. Manuscript Title
The Effect of Disease Etiology, Radiographic Deformity Severity, and Medical Comorbidities on Baseline Parent Reported Health Measures in Children with Early Onset Scoliosis

6. Manuscript identifying Number (if you know it)
JBIJ-D-20-00819

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Dr. Ramo reports grants from POSNA, during the conduct of the study;

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Section 1. Identifying Information

1. Given Name (First Name)  
   Burt

2. Surname (Last Name)  
   Yaszay

3. Date  
   31-August-2020

4. Are you the corresponding author?  
   ☑ Yes  ☐ No  
   Corresponding Author’s Name  
   Brandon A Ramo

5. Manuscript Title  
The Effect of Disease Etiology, Radiographic Deformity Severity, and Medical Comorbidities on Baseline Parent Reported Health Measures in Children with Early Onset Scoliosis

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Section 1. Identifying Information

1. Given Name (First Name)  
James  
2. Surname (Last Name)  
Sanders  
3. Date  
26-August-2020  
4. Are you the corresponding author?  
☑ Yes  ☐ No  
Corresponding Author’s Name  
Brandon A Ramo

5. Manuscript Title  
The Effect of Disease Etiology, Radiographic Deformity Severity, and Medical Comorbidities on Baseline Parent Reported Health Measures in Children with Early Onset Scoliosis

6. Manuscript Identifying Number (if you know it)  
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SRS Grant on Childhood Spine Growth

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Dr. Sanders reports In addition, Dr. Sanders has a patent Spinal Growth Modification Device issued and SRS Grant on Childhood Spine Growth.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Anna

2. Surname (Last Name)  
   McClung

3. Date  
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Dr. McClung has nothing to disclose.

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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)  
Chan-Hee

2. Surname (Last Name)  
Jo

3. Date  
25-August-2020

4. Are you the corresponding author?  
☑ Yes   ☐ No

Corresponding Author’s Name  
Brandon A Ramo

5. Manuscript Title  
The Effect of Disease Etiology, Radiographic Deformity Severity, and Medical Comorbidities on Baseline Parent Reported Health Measures in Children with Early Onset Scoliosis

6. Manuscript Identifying Number (if you know it)  
JBJS-D-20-00819

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

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.

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Comments: Angela S M Kuo Award

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

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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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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. Jo reports grants from POSNA, during the conduct of the study; .

Evaluation and Feedback

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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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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.

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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.

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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)  
   Oetgen

3. Date  
   26-August-2020

4. Are you the corresponding author?  
   Yes [✓] No

   Corresponding Author’s Name  
   Brandon A Ramo

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Are there any relevant conflicts of interest?  
   Yes [✓] No

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