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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Michelle

2. Surname (Last Name)  
   Caird

3. Date  
   21-April-2016

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

5. Manuscript Title  
   Vocal Cord Paresis after Posterior Spinal Fusion to treat Adolescent Idiopathic Scoliosis

6. Manuscript Identifying Number (if you know it)

---

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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

If yes, please fill out the appropriate information below.

<table>
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<th>Name of Entity</th>
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<th>Non-Financial Support?</th>
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<tr>
<td>American Academy of Orthopaedic Surgeons</td>
<td>☐</td>
<td>☐</td>
<td>✔</td>
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<td>travel to teach at IPOS</td>
</tr>
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---

**Section 4. Intellectual Property -- Patents & Copyrights**

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Section 6. Disclosure Statement

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Dr. Caird reports grants from NIH, non-financial support from American Academy of Orthopaedic Surgeons, 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)  Frances
2. Surname (Last Name)  Farley
3. Date  03-June-2016
4. Are you the corresponding author?  Yes  No
5. Manuscript Title  Vocal Cord Paresis After Posterior Spinal Fusion to Treat Adolescent Idiopathic Scoliosis
6. Manuscript Identifying Number (if you know it)

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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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. Farley has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Jennifer  
2. Surname (Last Name)  
   Ha  
3. Date  
   05-June-2016  
4. Are you the corresponding author?  
   □ Yes  
   ✔ No  
   Corresponding Author's Name  
   Michelle Caird  
5. Manuscript Title  
   Vocal Cord Paresis After Posterior Spinal Fusion to Treat Adolescent Idiopathic Scoliosis  
6. Manuscript Identifying Number (if you know it)  
   4351f992a5e3ccc5

**Section 2. The Work Under Consideration for Publication**

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□ Yes  
✔ No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
□ Yes  
✔ No
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Dr. Ha has nothing to disclose.

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<td>2. Surname (Last Name)</td>
<td>Koopmann</td>
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<td>4. Are you the corresponding author?</td>
<td>Yes</td>
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<td>Corresponding Author’s Name</td>
<td>Michelle S. Caird, MD</td>
</tr>
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<td>5. Manuscript Title</td>
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ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
   Rameshwar

2. Surname (Last Name)  
   Rao

3. Date  
   03-June-2016

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

   Corresponding Author’s Name  
   Dr. Michelle S. Caird

5. Manuscript Title  
   Vocal Cord Paresis After Posterior Spinal Fusion to Treat Adolescent Idiopathic Scoliosis

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Dr. Rao has nothing to disclose.

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