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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)**
   - Blanco

3. **Date**
   - 12-April-2017

4. **Are you the corresponding author?**
   - Yes

5. **Manuscript Title**
   - Reliability of the Modified Clavien-Dindo-Sink Complication Classification System in Pediatric Orthopedic Surgery

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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- Yes  
- No

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Dr. Blanco 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)  
   Aaron  

2. Surname (Last Name)  
   Daluiski  

3. Date  
   13-April-2017  

4. Are you the corresponding author?  
   ✔ No  

   Corresponding Author’s Name  
   Emily Dodwell  

5. Manuscript Title  
   Reliability of the Modified Clavien-Dindo-Sink Complication Classification System in Pediatric Orthopedic Surgery  

6. Manuscript Identifying Number (if you know it)  

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Dr. Daluiski has nothing to disclose.

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## Identifying Information

1. Given Name (First Name)  
   Emily  
2. Surname (Last Name)  
   Dodwell  
3. Date  
   10-April-2017  
4. Are you the corresponding author?  
   ✔ Yes  
   No  
5. Manuscript Title  
   Reliability of the Modified Clavien-Dindo-Sink Complication Classification System in Pediatric Orthopedic Surgery  
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<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<td>Shevaun</td>
<td>Doyle</td>
<td>10-April-2017</td>
</tr>
</tbody>
</table>

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

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)

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Dr. Doyle has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Daniel
2. Surname (Last Name) Green
3. Date 11-April-2017
4. Are you the corresponding author? Yes ☑ No
5. Manuscript Title Reliability of the Modified Clavien-Dindo-Sink Complication Classification System in Pediatric Orthopedic Surgery
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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. **Given Name (First Name)** Rubini  
2. **Surname (Last Name)** Pathy  
3. **Date** 11-April-2017  
4. **Are you the corresponding author?** No  
5. **Manuscript Title** Reliability of the Modified Clavien-Dindo-Sink Complication Classification System in Pediatric Orthopedic Surgery  
   **Corresponding Author’s Name** Emily Dodwell  
6. **Manuscript Identifying Number (if you know it)**

## Section 2. The Work Under Consideration for Publication

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### Section 1. Identifying Information

1. **Given Name (First Name)**
   - David

2. **Surname (Last Name)**
   - Scher

3. **Date**
   - 26-January-2018

4. **Are you the corresponding author?**
   - Yes

5. **Manuscript Title**
   - Reliability of the Modified Clavien-Dindo-Sink Complication Classification System in Pediatric Orthopedic Surgery

6. **Manuscript Identifying Number (if you know it)**

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- No

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<tr>
<td>Ernest</td>
<td>Sink</td>
<td>11-April-2017</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Corresponding Author’s Name</th>
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<tbody>
<tr>
<td>Emily Dodwell</td>
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5. Manuscript Title
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Dr. Sink has nothing to disclose.

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<tr>
<td>Roger</td>
<td>Widmann</td>
<td>11-April-2017</td>
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4. Are you the corresponding author?  
   - Yes  ✔  No

5. Manuscript Title
   
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