

## 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.

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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)  
ANDREW

2. Surname (Last Name)  
GEORGIADIS

3. Date  
28-September-2016

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
The Multidisciplinary Approach to Single Event Multilevel Surgery in Ambulatory Cerebral Palsy

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

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

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Dr. GEORGIADIS 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) PETER	2. Surname (Last Name) KIM	3. Date 28-September-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Andrew Georgiadis
5. Manuscript Title The Multidisciplinary Approach to Single Event Multilevel Surgery in Ambulatory Cerebral Palsy		
6. Manuscript Identifying Number (if you know it)		

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Dr. KIM has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)

KATIE

2. Surname (Last Name)

WALT

3. Date

28-September-2016

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Andrew Georgiadis

5. Manuscript Title

The Multidisciplinary Approach to Single Event Multilevel Surgery in Ambulatory Cerebral Palsy

6. Manuscript Identifying Number (if you know it)

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Dr. WALT 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)  
TOM

2. Surname (Last Name)  
NOVACHECK

3. Date  
28-September-2016

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Andrew Georgiadis

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

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MICHAEL

2. Surname (Last Name)  
SCHWARTZ

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28-September-2016

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Corresponding Author's Name  
Andrew Georgiadis

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Dr. SCHWARTZ has nothing to disclose.

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**Entity:** government agency, foundation, commercial sponsor, academic institution, etc.

**Grant:** A grant from an entity, generally [but not always] paid to your organization

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**Non-Financial Support:** Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

**Issued:** The patent has been issued by the agency

**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)  
MARCIE

2. Surname (Last Name)  
WARD

3. Date  
28-September-2016

4. Are you the corresponding author?  Yes  No

Corresponding Author's Name  
Andrew Georgiadis

5. Manuscript Title  
The Multidisciplinary Approach to Single Event Multilevel Surgery in Ambulatory Cerebral Palsy

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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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**.

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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.

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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. WARD has nothing to disclose.

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