

## 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.

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".

#### 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.

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## ICMJJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Martin

2. Surname (Last Name)  
Gottliebse

3. Date  
08-March-2017

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Irene Yang

5. Manuscript Title  
Guided Growth: Current Perspectives and Future Challenges

6. Manuscript Identifying Number (if you know it)  
REVIEWS-D-16-00115R2

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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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Dr. Gottliebsen 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) Aaron      2. Surname (Last Name) Schindeler      3. Date 31-October-2016

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
David Little

5. Manuscript Title  
Guided Growth: Current Perspectives and Future Challenges

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

### Section 3. Relevant financial activities outside the submitted work.

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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
Novartis Pharma	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reagents
Amgen Inc	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Animal Studies on Bone Repair
N8 Medical	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Animal studies on infection
Celgene	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Animal Studies on Bone Repair

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Dr. Schindeler reports grants from Novartis Pharma, grants from Amgen Inc, grants from N8 Medical, grants from Celgene, 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)  
David G.

2. Surname (Last Name)  
Little

3. Date  
31-October-2016

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Guided Growth: Current Perspectives and Future Challenges

6. Manuscript Identifying Number (if you know it)

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OrthoPediatics	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant



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Patent?	Pending?	Issued?	Licensed?	Royalties?	Licensee?	Comments
PCT/AU2016/050064	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Orthopediatrics	Guided growth device not yet developed

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Dr. Little reports grants from Novartis Pharma, grants from Amgen Inc, grants from N8 Medical, grants from Celgene, personal fees from OrthoPediatics, outside the submitted work; In addition, Dr. Little has a patent PCT/AU2016/050064 licensed to Orthopediatrics.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Irene

2. Surname (Last Name) Yang

3. Date 31-October-2016

4. Are you the corresponding author?  Yes  No Corresponding Author's Name David Little

5. Manuscript Title Guided Growth: Current Perspectives and Future Challenges

6. Manuscript Identifying Number (if you know it) \_\_\_\_\_

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### Section 1. Identifying Information

1. Given Name (First Name)  
Polina

2. Surname (Last Name)  
Martinkevich

3. Date  
27-October-2016

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
David Little

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

### Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.