ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

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<td>4. Are you the corresponding author?</td>
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<td>Corresponding Author’s Name</td>
<td>Peter Newton, MD</td>
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**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.**

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 [□]

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes [ ] No [□]

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

Dr. Osborn has nothing to disclose.

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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)  
Fredrick

2. Surname (Last Name)  
Reighard

3. Date  
21-October-2016

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

- Corresponding Author’s Name  
Peter Newton, MD

5. Manuscript Title  
Thoracic Idiopathic Scoliosis Severity is Highly Correlated with 3D Measure of Thoracic Kyphosis

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

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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**Section 6. Disclosure Statement**

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Mr. Reighard reports grants from Setting Scoliosis Straight Foundation, during the conduct of the study;

**Evaluation and Feedback**

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1. Given Name (First Name)  
   Kevin

2. Surname (Last Name)  
   Parvaresh

3. Date  
   21-October-2016

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

   Corresponding Author’s Name  
   Peter Newton, MD

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Section 1. Identifying Information

1. Given Name (First Name)  
Peter

2. Surname (Last Name)  
Newton

3. Date  
21-October-2016

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

5. Manuscript Title  
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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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Compressor for use in minimally invasive surgery (7189244)

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Dr. Newton reports grants from Setting Scoliosis Straight Foundation, during the conduct of the study; grants and other from Setting Scoliosis Straight Foundation, other from Rady Children’s Specialists, grants and personal fees from DePuy Synthes Spine, personal fees from Law firm of Carroll, Kelly, Trotter, Franzen & McKenna, personal fees from Law firm of Smith, Haughey, Rice & Roege, grants from NIH, grants from OREF, grants and other from SRS, grants from EOS imaging, personal fees from Thieme Publishing, other from NuVasive, personal fees from Ethicon Endosurgery, other from Electrocore, personal fees from Cubist, other from International Orthopedic Think Tank, other from Orthopediatrics Institutional Support, personal fees from K2M, outside the submitted work; In addition, Dr. Newton has a patent Anchoring systems and methods for correcting spinal deformities (8540754) with royalties paid to DePuy Synthes Spine, a patent Low profile spinal tethering systems (8123749) issued to DePuy Spine, Inc., a patent Screw placement guide (7981117) issued to DePuy Spine, Inc., and a patent Compressor for use in minimally invasive surgery (7189244) issued to DePuy Spine, Inc..

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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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4. **Intellectual Property.**

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5. **Relationships not covered above.**

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Definitions.

- **Entity:** government agency, foundation, commercial sponsor, academic institution, etc.
- **Grant:** A grant from an entity, generally [but not always] paid to your organization
- **Personal Fees:** Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations
- **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
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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
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Section 1. Identifying Information

1. Given Name (First Name)  
T. Barrett

2. Surname (Last Name)  
Sullivan

3. Date  
21-October-2016

4. Are you the corresponding author?  
☑ No

Corresponding Author’s Name  
Peter Newton, MD

5. Manuscript Title  
Thoracic Idiopathic Scoliosis Severity is Highly Correlated with 3D Measure of Thoracic Kyphosis

6. Manuscript Identifying Number (if you know it)  

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Are there any relevant conflicts of interest?  
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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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Section 6. Disclosure Statement

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Dr. Sullivan has nothing to disclose.

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