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.

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Campbell
# ICMJE Form for Disclosure of Potential Conflicts of Interest

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Robert</td>
<td>Campbell</td>
<td>30-June-2016</td>
</tr>
</tbody>
</table>

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

Corresponding Author’s Name
Keith Baldwin

5. Manuscript Title
Infection Control in Pediatric Spinal Deformity Surgery: A Systematic and Critical Analysis Review

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.)? [ ] Yes [x] No

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Dr. Campbell has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Keith

2. Surname (Last Name)  
   Baldwin

3. Date  
   14-July-2016

4. Are you the corresponding author?  
   Yes ✔ No

5. Manuscript Title
   Infection Control in Pediatric Spinal Deformity Surgery: A Systematic and Critical Analysis Review

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Baldwin has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   John

2. Surname (Last Name)  
   Flynn

3. Date  
   07-July-2016

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Infection Control in Pediatric Spinal Deformity Surgery: A Systematic and Critical Analysis Review

6. Manuscript Identifying Number (if you know it)

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Dr. Flynn reports other from Biomet, other from LWW, outside the submitted work.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   David

2. Surname (Last Name)  
   Spiegel

3. Date  
   07-July-2016

4. Are you the corresponding author?  
   [ ] Yes  
   [x] No  
   Corresponding Author’s Name  
   Keith Baldwin

5. Manuscript Title  
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<td>[ ]</td>
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<td>Textbook editing</td>
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Dr. Spiegel reports personal fees from Springer, outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name)  Lloydine
2. Surname (Last Name)  Jacobs
3. Date  20-September-2016
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Keith Baldwin
5. Manuscript Title  Infection Control in Pediatric Spinal Deformity Surgery: A Systematic and Critical Analysis Review
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