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.

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### Section 1. Identifying Information

1. Given Name (First Name)
   Amit

2. Surname (Last Name)
   Jain

3. Date
   26-October-2015

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

   Corresponding Author’s Name
   Dr. Sponseller

5. Manuscript Title
   Neuromotor Subclassification of GMFCS Level 5 Predicts Complications and Health-Related Quality of Life after Spinal Fusion for Patients with Cerebral Palsy

6. Manuscript Identifying Number (if you know it)

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- [x] No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
- [ ] Yes
- [x] No
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**Section 1. Identifying Information**

1. Given Name (First Name) 
Amer

2. Surname (Last Name) 
Samdani

3. Date 
03-November-2015

4. Are you the corresponding author? 
Yes ✔

5. Manuscript Title 
Neuromotor Subclassification of GMFCS Level 5 Predicts Complications and Health-Related Quality of Life after Spinal Fusion in Patients with Cerebral Palsy

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Are there any relevant conflicts of interest? 
Yes ✔

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<td>Burt</td>
<td>Yaszay</td>
<td>28-October-2015</td>
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4. Are you the corresponding author? □ Yes  ✔ No

**Corresponding Author’s Name**

Paul Sponseller

5. Manuscript Title

Neuromotor Subclassification of GMFCS Level 5 Predicts Complications and Health-Related Quality of Life after Spinal Fusion for Patients with Cerebral Palsy

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**Evaluation and Feedback**

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Section 1. Identifying Information

1. Given Name (First Name)  Dolores
2. Surname (Last Name)  Njoku
3. Date  13-November-2015
4. Are you the corresponding author?  Yes ☑ No
   Corresponding Author’s Name  Paul D. Sponseller
5. Manuscript Title
   Neuromotor Subclassification of GMFCS Level 5 Predicts Complications and Health-Related Quality of Life after Spinal Fusion for Patients with Cerebral Palsy
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Dr. Njoku reports that the study was conducted using the Harms Study Group CP Database. The Harms Study Group receives funding from the Setting Scoliosis Straight Foundation.

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)  
   Mark

2. Surname (Last Name)  
   Abel

3. Date  
   01-November-2015

4. Are you the corresponding author?  
   ✔ No

   Corresponding Author’s Name  
   Paul Sponseller

5. Manuscript Title  
   Neuromotor Subclassification of GMFCS Level 5 Predicts Complications and Health-Related Quality of Life after Spinal Fusion for Patients with Cerebral Palsy

6. Manuscript Identifying Number (if you know it)

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Michelle

2. Surname (Last Name)  
Marks

3. Date  
25-November-2015

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

Corresponding Author’s Name  
Paul Sponseller, MD

5. Manuscript Title  
Neuromotor Subclassification of GMFCS Level 5 Predicts Complications and Health-Related Quality of Life after Spinal Fusion for Patients with Cerebral Palsy

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☑ Yes  ☐ No

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  

- Yes  
- No  

**Section 5. Relationships not covered above**

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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**Section 1. Identifying Information**

1. **Given Name (First Name)**
   Patrick

2. **Surname (Last Name)**
   Cahill

3. **Date**
   23-November-2015

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

   **Corresponding Author’s Name**
   Paul Sponseller

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

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Are there any relevant conflicts of interest?
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<td>Other financial or material support</td>
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AAOS: Board or committee member
Journal of Bone and Joint Surgery - American: Editorial or governing board
Pediatric Orthopaedic Society of North America: Board or committee member
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1. Given Name (First Name)  
   Peter  

2. Surname (Last Name)  
   Newton  

3. Date  
   18-November-2015  

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

   Corresponding Author’s Name  
   Paul S sponseller, MD  

5. Manuscript Title  
   Neuromotor Subclassification of GMFCS Level 5 Predicts Complications and Health-Related Quality of Life after Spinal Fusion for Patients with Cerebral Palsy  

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<td>☐</td>
<td>☐</td>
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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### 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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ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

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

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

3. **Date**
   - 27-October-2015

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

5. **Manuscript Title**
   - Gross Motor Function Subclassification

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

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 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.

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  

- Yes
- No

### Section 5. Relationships not covered above

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**Royalties:** Funds are coming in to you or your institution due to your patent

Shah
ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Suken

2. Surname (Last Name)  
   Shah

3. Date  
   16-November-2015

4. Are you the corresponding author?  
   Yes

5. Manuscript Title  
   Neuromotor Subclassification of GMFCS Level 5 Predicts Complications and Health-Related Quality of Life after Spinal Fusion for Patients with 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

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**Section 3. Relevant financial activities 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)  
Unni G.

2. Surname (Last Name)  
Narayanan

3. Date  
25-November-2015

4. Are you the corresponding author?  
☐ Yes  ☑ No  
Corresponding Author’s Name  
Paul Sponseller

5. Manuscript Title  
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☐ Yes, the following relationships/conditions/circumstances are present (explain below):
☐ No other relationships/conditions/circumstances that present a potential conflict of interest

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.

Section 6. Disclosure Statement

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

Dr. Narayanan has nothing to disclose.

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