ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<td>Youxi</td>
<td>Lin</td>
<td>12-December-2015</td>
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4. Are you the corresponding author?  

- [ ] Yes  
- [x] No  

Corresponding Author's Name  
Jianxiong Shen

5. Manuscript Title
Cardiopulmonary Exercise Test in Patients with Scoliosis

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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- [ ] Yes  
- [x] No  

Are there any relevant conflicts of interest?  

- [ ] Yes  
- [x] No

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- [x] No

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Lin has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Jinmei
2. Surname (Last Name) Luo
3. Date 12-December-2015
4. Are you the corresponding author? Yes ☑ No
5. Manuscript Title Cardiopulmonary Exercise Test in Patients with Scoliosis
6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Luo has nothing to disclose.

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## Section 1. Identifying Information

| 1. Given Name (First Name) | Jianxiong |
| 2. Surname (Last Name) | Shen |
| 3. Date | 12-December-2015 |

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

5. Manuscript Title
Cardiopulmonary Exercise Test in Patients with Scoliosis

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1. Given Name (First Name)  Yi
2. Surname (Last Name)  Xiao
3. Date  12-December-2015
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Corresponding Author’s Name  Jianxiong Shen

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