ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Donald

2. Surname (Last Name)  
Virostek

3. Date  
23-November-2015

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

Corresponding Author’s Name  
Lori Karol MD

5. Manuscript Title  
The Effect of Risser Sign on Bracing in Adolescent Idiopathic Scoliosis

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  
☐ Yes  ✔ No

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Donald Virostek has nothing to disclose.

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### Section 1. Identifying Information

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<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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</thead>
<tbody>
<tr>
<td>Chan-Hee</td>
<td>Jo</td>
<td>12-February-2016</td>
</tr>
</tbody>
</table>

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

5. Manuscript Title  
The Effect of Risser Sign on Bracing Outcome in Adolescent Idiopathic Scoliosis

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Dr. Jo has nothing to disclose.

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**Section 1. Identifying Information**

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

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

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

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

5. **Manuscript Title**  
   The Effect of Risser Sign on Bracing in Adolescent Idiopathic Scoliosis

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

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1. Given Name (First Name)  
   Kevin

2. Surname (Last Name)  
   Felton

3. Date
   23-November-2015

4. Are you the corresponding author?  
   Yes  
   ✔

5. Manuscript Title
   The Effect of Risser Sign on Bracing in Adolescent Idiopathic Scoliosis

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1. Given Name (First Name)  
   Lesley

2. Surname (Last Name)  
   Butler

3. Date  
   23-November-2015

4. Are you the corresponding author?  
   ☑ No  
   Corresponding Author’s Name  
   Lori Karol, MD

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Ms. Wheeler has nothing to disclose.

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