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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# ICMJE Form for Disclosure of Potential Conflicts of Interest

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<tr>
<td>Lawson</td>
<td>Copley</td>
<td>17-March-2015</td>
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<td>4. Are you the corresponding author?</td>
<td></td>
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<td>✓ Yes</td>
<td>No</td>
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5. Manuscript Title

Improved Magnetic Resonance Imaging Utilization for Children with Musculoskeletal Infection

6. Manuscript Identifying Number (if you know it)

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## Section 3. Relevant financial activities outside the submitted work.

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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?  

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Dr. Copley has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Neil
2. Surname (Last Name) Fernandes
3. Date 07-April-2015
4. Are you the corresponding author? ☐ Yes ☑ No
   Corresponding Author’s Name Lawson Copley
5. Manuscript Title Improved Magnetic Resonance Imaging Utilization for Children with Musculoskeletal Infection
6. Manuscript Identifying Number (if you know it)

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Dr. Fernandes has nothing to disclose.

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<tr>
<td>Jeffrey</td>
<td>Steiner</td>
<td>06-April-2015</td>
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</table>

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

5. Manuscript Title
Improved Magnetic Resonance Imaging Utilization for Children with Musculoskeletal Infection

6. Manuscript Identifying Number (if you know it)

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Dr. Steiner has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. **Given Name (First Name)**
   - Chan-Hee
2. **Surname (Last Name)**
   - Jo
3. **Date**
   - 24-March-2015
4. **Are you the corresponding author?**
   - Yes □  No ✔
5. **Manuscript Title**
   - Improved Magnetic Resonance Imaging Utilization for Children with Musculoskeletal Infection
6. **Manuscript Identifying Number (if you know it)**

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Dr. Jo has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Jeannie

2. Surname (Last Name)  
Kwon

3. Date  
07-April-2015

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

Corresponding Author’s Name  
Lawson Copley MD

5. Manuscript Title  
Improved Magnetic Resonance Imaging Utilization for Children with Musculoskeletal Infection

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Dr. Kwon has nothing to disclose.

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4. **Intellectual Property.**

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

5. **Relationships not covered above.**

Use this section to report 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.

**Definitions.**

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Lindsay
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Eduardo
2. Surname (Last Name)  Lindsay
3. Date  25-March-2015

4. Are you the corresponding author?  ✔ No

5. Manuscript Title  
Improved Magnetic Resonance Imaging Utilization for Children with Musculoskeletal Infection

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?  ✔ 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?  ✔ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  ✔ No
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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. Lindsay has nothing to disclose.

Evaluation and Feedback

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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.

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<td>Mittal</td>
<td>07-April-2015</td>
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4. Are you the corresponding author? [ ] Yes [ ] No

Corresponding Author’s Name
Lawson Copley, MD

5. Manuscript Title
Improved Magnetic Resonance Imaging Utilization for Children with Musculoskeletal Infection

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

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Dr. Mittal has nothing to disclose.

Evaluation and Feedback

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Mueller
ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
   Andrew

2. Surname (Last Name)  
   Mueller

3. Date  
   24-March-2015

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

Corresponding Author’s Name  
Lawson Copley MD

5. Manuscript Title  
   Improved Magnetic Resonance Imaging Utilization for Children with Musculoskeletal Infection

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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