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.

2. The work under consideration for publication.

3. Relevant financial activities outside the submitted work.

   This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking “No” means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check “Yes”.


5. Relationships not covered above.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.
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Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations
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Other: Anything not covered under the previous three boxes
Pending: The patent has been filed but not issued
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Licensed: The patent has been licensed to an entity, whether earning royalties or not
Royalties: Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Reggie C.

2. Surname (Last Name)  
Hamdy

3. Date  
08-May-2017

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

5. Manuscript Title  
What’s New in Limb Lengthening and Deformity Correction

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.

<table>
<thead>
<tr>
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<tr>
<td>JBJS</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>✔</td>
<td>As a lead author, I received $1000 stipend from JBJS.</td>
</tr>
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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?  
☐ Yes  ☑ No

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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☐ Yes, the following relationships/conditions/circumstances are present (explain below):

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Section 6. Disclosure Statement

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Dr. Hamdy reports other from JBJS, during the conduct of the study.

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)  
   Austin

2. Surname (Last Name)  
   Fragomen

3. Date  
   06-May-2017

4. Are you the corresponding author?  
   Yes  ✔  No

   Corresponding Author’s Name  
   Dr. Reggie Hamdy

5. Manuscript Title  
   What’s New in Limb Lengthening and Deformity Correction

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

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  
   Yes  ✔  No

If yes, please fill out the appropriate information below.

<table>
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<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
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<th>Comments</th>
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<td>JBJS</td>
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<td>☐</td>
<td>I received an award for best article in JBJS Ess Surg Tech with $500 in 2017</td>
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Dr. Fragomen reports personal fees from Synthes, personal fees from Smith & Nephew, personal fees from NuVasive, personal fees from JBJS, outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name)  Mitchell
2. Surname (Last Name)  Bernstein
3. Date  04-May-2017
4. Are you the corresponding author?  Yes  No  ✔
   Corresponding Author’s Name  Dr. Reggie Hamdy
5. Manuscript Title  What’s New in Limb Lengthening and Deformity Correction
6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Bernstein reports personal fees from Smith and Nephew, personal fees from Nuvasive, personal fees from Synthes, outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name)  
   S. Robert

2. Surname (Last Name)  
   Rozbruch

3. Date  
   06-May-2017

4. Are you the corresponding author?  
   ✔ No

   Corresponding Author’s Name  
   Dr. Reggie Hamdy

5. Manuscript Title  
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