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

Section 1. Identifying Information

1. Given Name (First Name)  
   Alec Lik-Hang

2. Surname (Last Name)  
   Hung

3. Date  
   04-October-2017

4. Are you the corresponding author?  
   [ ] Yes  [X] No  
   Corresponding Author’s Name  
   Jack CY Cheng

5. Manuscript Title  
   Validation study of the Thumb Ossification Composite Index (TOCI) in idiopathic scoliosis – a stage to stage correlation with Classic Tanner-Whitehouse and Sanders Simplified Skeletal Maturity System (SSMS)

6. Manuscript Identifying Number (if you know it)

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Dr. Hung 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)  Benlong
2. Surname (Last Name)  Shi
3. Date  04-October-2017

4. Are you the corresponding author?  Yes  No

Corresponding Author’s Name  Jack CY Cheng

5. Manuscript Title
Validation study of the Thumb Ossification Composite Index (TOCI) in idiopathic scoliosis – a stage to stage correlation with Classic Tanner-Whitehouse and Sanders Simplified Skeletal Maturity System (SSMS)

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Section 1. Identifying Information

1. Given Name (First Name)  
   Bobby Kin-Wah

2. Surname (Last Name)  
   Ng

3. Date  
   04-October-2017

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

Corresponding Author’s Name  
Jack CY Cheng

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
   JBJS-D-17-01271

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Dr. Ng 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)  
   Jack Chun-Yiu

2. Surname (Last Name)  
   Cheng

3. Date  
   04-October-2017

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
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1. Given Name (First Name)  
   King-Lok

2. Surname (Last Name)  
   Liu

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   04-October-2017

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   Yes ☐  No ☑

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   Jack CY Cheng

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. **Given Name (First Name)**  
   Ronald Man-Yeung

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

3. **Date**  
   04-October-2017

4. **Are you the corresponding author?**  
   - Yes  
   - No  
   ✔ No  
   **Corresponding Author’s Name**  
   Jack CY Cheng

5. **Manuscript Title**  
   Validation study of the Thumb Ossification Composite Index (TOCI) in idiopathic scoliosis – a stage to stage correlation with Classic Tanner-Whitehouse and Sanders Simplified Skeletal Maturity System (SSMS)

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

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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Dr. Wong has nothing to disclose.

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Simon Kwoon-Ho</th>
</tr>
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Dr. Chow has nothing to disclose.

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### Section 1. Identifying Information

1. **Given Name (First Name)**
   - Tsz-Ping
2. **Surname (Last Name)**
   - Lam
3. **Date**
   - 04-October-2017
4. **Are you the corresponding author?**
   - Yes
5. **Manuscript Title**
   - Validation study of the Thumb Ossification Composite Index (TOCI) in idiopathic scoliosis – a stage to stage correlation with Classic Tanner-Whitehouse and Sanders Simplified Skeletal Maturity System (SSMS)
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**Are there any relevant conflicts of interest?**
- Yes
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Section 1. Identifying Information

1. Given Name (First Name)  
   Vivian Wai-Yin

2. Surname (Last Name)  
   Hung

3. Date  
   04-October-2017

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

   Corresponding Author's Name  
   Jack CY Cheng

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1. Given Name (First Name) | WW
2. Surname (Last Name) | Chau
3. Date | 04-October-2017
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**Corresponding Author’s Name**

Jack CY Cheng

5. Manuscript Title

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