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**ICMJE Form for Disclosure of Potential Conflicts of Interest**

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Anita

2. Surname (Last Name)  
   Beelen

3. Date  
   20-May-2018

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

   Corresponding Author’s Name  
   Annoek Louwers

5. Manuscript Title  

6. Manuscript Identifying Number (if you know it)  
   JBJS.17.01382

**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.

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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  
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Section 6. Disclosure Statement

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Dr. Beelen reports grants from Stichting Rotterdams Kinderrevalidatie Fonds Adriaanstichting, grants from Johanna KinderFonds, 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)  
   Annoek

2. Surname (Last Name)  
   Louwers

3. Date  
   27-March-2018

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Effects of upper extremity surgery on manual performance in children and adolescents with cerebral palsy: a multidisciplinary approach using shared decision-making

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-17-01382R1

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Are there any relevant conflicts of interest?  
   ✔ No

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Dr. Louwers has nothing to disclose.

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<tr>
<td>Mick</td>
<td>Kreulen</td>
<td>09-April-2018</td>
</tr>
</tbody>
</table>

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

Corresponding Author’s Name

5. Manuscript Title
Effects of upper extremity surgery on manual performance in children and adolescents with cerebral palsy: a multidisciplinary approach using shared decision-making

6. Manuscript Identifying Number (if you know it)
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Dr. Kreulen 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) Frans
2. Surname (Last Name) Nollet
3. Date 09-April-2018

4. Are you the corresponding author? ☑ No

Corresponding Author’s Name
Annoek Louwers

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
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Dr. Nollet has nothing to disclose.

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1. Given Name (First Name)  
Miryam

2. Surname (Last Name)  
Obdeijn

3. Date  
09-April-2018

4. Are you the corresponding author?  
☑ No

Corresponding Author’s Name  
Annoek Louwers

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Dr. Obdeijn has nothing to disclose.

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1. Given Name (First Name)  
   Jessica  
2. Surname (Last Name)  
   Warnink-Kavelaars  
3. Date  
   10-April-2018  

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

5. Manuscript Title  
   Effects of upper extremity surgery on manual performance in children and adolescents with cerebral palsy: a multidisciplinary approach using shared decision-making

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-17-01382R1

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**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?  
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   - No  
   ✔ No

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J. Warnink-Kavelaars has nothing to disclose.

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