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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Michael

2. Surname (Last Name)  
   Blum

3. Date  
   06-February-2018

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

   Corresponding Author’s Name  
   John M. Flynn, MD

5. Manuscript Title  
   A Dedicated Pediatric Spine Deformity Team Significantly Reduces Surgical Time and Cost

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-17-01584R1

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Are there any relevant conflicts of interest?  
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   - ✔ No

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   - ✔ No

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

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DeZayas
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Barbara

2. Surname (Last Name)  
DeZayas

3. Date  
01-February-2018

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

Corresponding Author's Name  
John M. Flynn, MD

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)  
JBJS-D-17-01584R1

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

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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  ✔ No
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Dr. DeZayas 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)  
   Jeffrey

2. Surname (Last Name)  
   Feldman

3. Date  
   05-March-2018

4. Are you the corresponding author?  
   Yes ☑ No

   Corresponding Author’s Name  
   Dr. John Flynn

5. Manuscript Title  
   A Dedicated Pediatric Spine Deformity Team Significantly Reduces Surgical Time and Cost

6. Manuscript Identifying Number (if you know it)  
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   Yes ☑ No

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. Feldman 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)  
   John

2. Surname (Last Name)  
   Flynn

3. Date  
   01-February-2018

4. Are you the corresponding author?  
   Yes ☑  No

5. Manuscript Title  
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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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   Yes ☑  No

If yes, please fill out the appropriate information below.

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
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<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
<td>Publishing royalties, financial or material support</td>
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</table>

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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- AAOS: Board or committee member
- American Board of Orthopaedic Surgery, Inc.: Board or committee member
- Orthopedics Today: Editorial or governing board
- Pediatric Orthopaedic Society of North America: Board or committee member
- Scoliosis Research Society: Board or committee member

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Dr. Flynn reports personal fees from Biomet, other from Wolters Kluwer Health - Lippincott Williams & Wilkins, outside the submitted work; and AAOS: Board or committee member
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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Ron

2. Surname (Last Name)  
   Keren

3. Date  
   01-February-2018

4. Are you the corresponding author?  
   Yes  ☑  No

   Corresponding Author’s Name  
   John M. Flynn, MD

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Are there any relevant conflicts of interest?  
   Yes  ☑  No

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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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Mr. Keren 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)  
   Blair

2. Surname (Last Name)  
   Kraus

3. Date  
   01-February-2018

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

Corresponding Author’s Name  
John M. Flynn, MD

5. Manuscript Title  
   A Dedicated Pediatric Spine Deformity Team Significantly Reduces Surgical Time and Cost

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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Dr. Kraus 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)  
   Vaidehi

2. Surname (Last Name)  
   Mehta

3. Date  
   05-February-2018

4. Are you the corresponding author?  
   □ Yes  ✔ No  
   Corresponding Author’s Name  
   John M. Flynn, MD

5. Manuscript Title  
   A Dedicated Pediatric Spine Deformity Team Significantly Reduces Surgical Time and Cost

6. Manuscript Identifying Number (if you know it)  
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Mrs. Mehta has nothing to disclose.

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<th>2. Surname (Last Name)</th>
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<td>Wallis</td>
<td>Muhly</td>
<td>31-January-2018</td>
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4. Are you the corresponding author?  
☐ Yes  ☑ No  

<table>
<thead>
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<th>Corresponding Author’s Name</th>
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<tbody>
<tr>
<td>John M. Flynn, MD</td>
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Dr. Muhly has nothing to disclose.

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1. Given Name (First Name)  
   Wudbhav

2. Surname (Last Name)  
   Sankar

3. Date  
   02-February-2018

4. Are you the corresponding author?  
   Yes  ✔  No

Corresponding Author’s Name  
John M. Flynn, MD

5. Manuscript Title  
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Dr. Sankar has nothing to disclose.

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1. Given Name (First Name)  
   Brendan

2. Surname (Last Name)  
   Striano

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   02-February-2018

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

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   John Flynn

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Dr. Striano has nothing to disclose.

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