ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Heather

2. Surname (Last Name)  
   Gordish-Dressman

3. Date  
   18-April-2018

4. Are you the corresponding author?  
   ✔ No
   Corresponding Author’s Name  
   Matthew E Oetgen

5. Manuscript Title  
   Effectiveness and sustainability of a standardized care pathway for treatment of patients undergoing posterior spinal fusion for adolescent idiopathic scoliosis developed using Lean process mapping

6. Manuscript Identifying Number (if you know it)

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Dr. Gordish-Dressman has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Benjamin
2. Surname (Last Name)  Martin
3. Date  18-April-2018
4. Are you the corresponding author?  Yes  ✔ No
Corresponding Author’s Name  Matthew E Oetgen

5. Manuscript Title
Effectiveness and sustainability of a standardized care pathway for treatment of patients undergoing posterior spinal fusion for adolescent idiopathic scoliosis developed using Lean process mapping

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  ✔ No

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Dr. Martin has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Jessica

2. Surname (Last Name)  
Cronin

3. Date  
18-April-2018

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

Corresponding Author’s Name  
Matthew E Oetgen

5. Manuscript Title  
Effectiveness and sustainability of a standardized care pathway for treatment of patients undergoing posterior spinal fusion for adolescent idiopathic scoliosis developed using Lean process mapping

6. Manuscript Identifying Number (if you know it)

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Dr. Cronin has nothing to disclose.

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1. Given Name (First Name)  
   Matthew

2. Surname (Last Name)  
   Oetgen

3. Date  
   19-January-2018

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

5. Manuscript Title  
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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Sophie</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Pestieau</td>
</tr>
<tr>
<td>3. Date</td>
<td>18-April-2018</td>
</tr>
</tbody>
</table>

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

Corresponding Author’s Name

Matthew E Oetgen

5. Manuscript Title

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

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Dr. Pestieau has nothing to disclose.

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