ICMJE Form for Disclosure of Potential Conflicts of Interest

**Instructions**

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4. **Intellectual Property.**

   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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- **Royalties:** Funds are coming in to you or your institution due to your patent
Section 1. Identifying Information

1. Given Name (First Name)  
   Mark

2. Surname (Last Name)  
   Dahl

3. Date  
   28-May-2019

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

Section 3. Relevant financial activities outside the submitted work.

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

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>
<th>Comments</th>
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<td>Stryker Trauma</td>
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<td>✔</td>
<td></td>
<td></td>
<td>Paid consultant</td>
</tr>
</tbody>
</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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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Dahl reports personal fees from NuVasive, personal fees from Stryker Trauma, outside the submitted work.

Evaluation and Feedback

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Georgiadis
Section 1. Identifying Information

1. Given Name (First Name)  
Andrew

2. Surname (Last Name)  
Georgiadis

3. Date  
23-May-2019

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

Corresponding Author’s Name  
Mark T. Dahl, MD

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

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Section 1. Identifying Information
1. Given Name (First Name)  Aaron
2. Surname (Last Name)  Huser
3. Date  23-May-2019
4. Are you the corresponding author?  Yes  No  ✔
   Corresponding Author’s Name  Mark T. Dahl, MD
5. Manuscript Title  What’s New in Limb Lengthening and Deformity Correction
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<tr>
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<th>Stewart</th>
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<tr>
<td>2. Surname (Last Name)</td>
<td>Morrison</td>
</tr>
<tr>
<td>3. Date</td>
<td>23-May-2019</td>
</tr>
</tbody>
</table>

**Are you the corresponding author?**

- [ ] Yes
- [X] No

**Corresponding Author’s Name**

Mark T. Dahl, MD

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