

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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4. Intellectual Property.

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

5. Relationships not covered above.

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Taro

2. Surname (Last Name)

Umezu

3. Date

13-March-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Kota Watanabe

5. Manuscript Title

Surgical Correction of Severe Kyphoscoliosis Associated with Crouzon Syndrome with Serious Postoperative Respiratory Problems: A Case Report

6. Manuscript Identifying Number (if you know it)

CC-D-17-00011R1

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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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Umezu 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) Mitsuru	2. Surname (Last Name) Yagi	3. Date 25-July-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kota Watanabe
5. Manuscript Title Surgical Correction of Severe Kyphoscoliosis Associated with Crouzon Syndrome with Serious Postoperative Respiratory Problems		
6. Manuscript Identifying Number (if you know it)		

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Dr. Yagi 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) Nobuyuki	2. Surname (Last Name) Fujita	3. Date 04-January-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kota Watanabe
5. Manuscript Title Surgical Correction of Severe Kyphoscoliosis Associated with Crouzon Syndrome with Serious Postoperative Respiratory Problems: A Case Report		
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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Osahiko

2. Surname (Last Name)
Tsuji

3. Date
05-January-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Kota Watanabe

5. Manuscript Title
Surgical Correction of Severe Kyphoscoliosis Associated with Crouzon Syndrome with Serious Postoperative Respiratory Problems: A Case Report

6. Manuscript Identifying Number (if you know it)

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Dr. Tsuji has nothing to disclose.

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4. Are you the corresponding author? Yes No Corresponding Author's Name
Kota Watanabe

5. Manuscript Title
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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Medtronic Japan	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Kyocera	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Zimmer-Biomet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nuvasive Japan	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Matsumoto reports grants and personal fees from Medtronic Japan, grants and personal fees from Kyocera, grants from Zimmer-Biomet, grants and personal fees from Nuvasive Japan, outside the submitted work.

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1. Given Name (First Name) Narihito	2. Surname (Last Name) Nagoshi	3. Date 04-January-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Kota Watanabe
5. Manuscript Title Surgical Correction of Severe Kyphoscoliosis Associated with Crouzon Syndrome with Serious Postoperative Respiratory Problems: A Case Report		
6. Manuscript Identifying Number (if you know it)		

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KEN

2. Surname (Last Name)

ISHII

3. Date

04-January-2017

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Kota Watanabe

5. Manuscript Title

Surgical Correction of Severe Kyphoscoliosis Associated with Crouzon Syndrome with Serious Postoperative Respiratory Problems: A Case Report

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1. Given Name (First Name)
Kota

2. Surname (Last Name)
Watanabe

3. Date
01-January-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
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Nakamura

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