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

### Section 1. Identifying Information

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<tr>
<td>Connie</td>
<td>Poe-Kocher</td>
<td>28-November-2018</td>
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4. Are you the corresponding author? [ ] Yes [ ] No

<table>
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<th>Corresponding Author’s Name</th>
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<td>George H. Thompson</td>
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5. Manuscript Title
SUPERIOR MESENTERIC ARTERY SYNDROME COMPLICATED BY GASTRIC MUCOSAL NECROSIS FOLLOWING CONGENITAL SCOLIOSIS SURGERY

6. Manuscript Identifying Number (if you know it)
CC-D-18-00380

### 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.)?

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Dr. Poe-Kocher 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)  
   George

2. Surname (Last Name)  
   Thompson

3. Date  
   28-November-2018

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

5. Manuscript Title  
   SUPERIOR MESENTERIC ARTERY SYNDROME COMPPLICATED BY GASTRIC MUCOSAL NECROSIS FOLLOWING CONGENITAL SCOLIOSIS SURGERY

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   CC-D-18-00380

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

Section 3. Relevant financial activities outside the submitted work.

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

If yes, please fill out the appropriate information below.

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Scoliosis Research Society: Travel expenses.

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Dr. Thompson reports other from Medtronics, personal fees and other from Orthopediatrics, other from NuVasive, other from Shriners Hospital for Children, personal fees from Wolters Kluwer Health, outside the submitted work; and Scoliosis Research Society: Travel expenses.

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Corresponding Author’s Name
George H. Thompson

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