

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

### Section 1. Identifying Information

1. Given Name (First Name) John	2. Surname (Last Name) Blanco	3. Date 12-April-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Emily Dodwell
5. Manuscript Title Reliability of the Modified Clavien-Dindo-Sink Complication Classification System in Pediatric Orthopedic Surgery		
6. Manuscript Identifying Number (if you know it)		

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Dr. Blanco 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)

Aaron

2. Surname (Last Name)

Daluiski

3. Date

13-April-2017

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name

Emily Dodwell

5. Manuscript Title

Reliability of the Modified Clavien-Dindo-Sink Complication Classification System in Pediatric Orthopedic Surgery

6. Manuscript Identifying Number (if you know it)

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Dr. Daluiski 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)  
Emily

2. Surname (Last Name)  
Dodwell

3. Date  
10-April-2017

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Reliability of the Modified Clavien-Dindo-Sink Complication Classification System in Pediatric Orthopedic Surgery

6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name)  
Shevaun

2. Surname (Last Name)  
Doyle

3. Date  
10-April-2017

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Emily Dodwell

5. Manuscript Title  
Reliability of the Modified Clavien-Dindo-Sink Complication Classification System in Pediatric Orthopedic Surgery

6. Manuscript Identifying Number (if you know it)

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### Section 1. Identifying Information

1. Given Name (First Name)  
Daniel

2. Surname (Last Name)  
Green

3. Date  
11-April-2017

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Emily Dodwell

5. Manuscript Title  
Reliability of the Modified Clavien-Dindo-Sink Complication Classification System in Pediatric Orthopedic Surgery

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**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) Rubini	2. Surname (Last Name) Pathy	3. Date 11-April-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Emily Dodwell
5. Manuscript Title Reliability of the Modified Clavien-Dindo-Sink Complication Classification System in Pediatric Orthopedic Surgery		
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

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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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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

Dr. Pathy has nothing to disclose.

### Evaluation and Feedback

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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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) David	2. Surname (Last Name) Scher	3. Date 26-January-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Emily Dodwell
5. Manuscript Title Reliability of the Modified Clavien-Dindo-Sink Complication Classification System in Pediatric Orthopedic Surgery		
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.

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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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 5. Relationships not covered above

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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. Scher 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) Ernest	2. Surname (Last Name) Sink	3. Date 11-April-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Emily Dodwell
5. Manuscript Title Reliability of the Modified Clavien-Dindo-Sink Complication Classification System in Pediatric Orthopedic Surgery		
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

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Are there any relevant conflicts of interest?  Yes  No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Sink 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) Roger	2. Surname (Last Name) Widmann	3. Date 11-April-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Emily Dodwell
5. Manuscript Title Reliability of the Modified Clavien-Dindo-Sink Complication Classification System in Pediatric Orthopedic Surgery		
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Are there any relevant conflicts of interest?  Yes  No

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Dr. Widmann has nothing to disclose.

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