

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.

1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

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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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Pending: The patent has been filed but not issued

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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)
John

2. Surname (Last Name)
Birch

3. Date
10-July-2018

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Dror Paley, MD

5. Manuscript Title
Amputation vs. Staged Reconstruction for Severe Fibular Hemimelia Assessment of Psychosocial and Quality of Life Status and Physical Functioning in Childhood

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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Orthofix	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Royalties from sales of a circular external fixator

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 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Dr. Birch reports other from Orthofix, outside the submitted work.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Dror

2. Surname (Last Name)
Paley

3. Date
13-December-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Amputation vs. Staged Reconstruction for Severe Fibular Hemimelia Assessment of Psychosocial and Quality of Life Status and Physical Functioning in Childhood

6. Manuscript Identifying Number (if you know it)
JBJSOA-D-18-00053

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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

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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. Paley has nothing to disclose.

Evaluation and Feedback

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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) John E. 2. Surname (Last Name) Herzenberg 3. Date 23-July-2018

4. Are you the corresponding author? Yes No Corresponding Author's Name
Dror Paley, MD

5. Manuscript Title
Amputation vs. Staged Reconstruction for Severe Fibular Hemimelia Assessment of Psychosocial and Quality of Life Status and Physical Functioning in Childhood

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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
OrthoPediatrics	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Orthofix	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Smith & Nephew	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
NuVasive Pspecialized Orthopedics	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
WishBone Medical	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant

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Section 4. Intellectual Property -- Patents & Copyrights

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Yes, the following relationships/conditions/circumstances are present (explain below):

No other relationships/conditions/circumstances that present a potential conflict of interest

Institutional support from AMDT Holdings, Inc., D&J Medical, DePuy Synthes, Merete Technologies, Metro Prosthetics, Inc., MHE Coalition, NuVasive Specialized Orthopedics, Inc., Orthofix, Orthopediatrics, Smith & Nephew, Styker, and Zimmer Biomet.

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Dr. Herzenberg reports personal fees from OrthoPediatrics, personal fees from Orthofix, personal fees from Smith & Nephew, personal fees from NuVasive Pspecialized Orthopedics, personal fees from WishBone Medical, outside the submitted work; and Institutional support from AMDT Holdings, Inc., D&J Medical, DePuy Synthes, Merete Technologies, Metro Prosthetics, Inc., MHE Coalition, NuVasive Specialized Orthopedics, Inc., Orthofix, Orthopediatrics, Smith & Nephew, Styker, and Zimmer Biomet..

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Anne	2. Surname (Last Name) Morton	3. Date 09-August-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dror Paley, MD
5. Manuscript Title Amputation vs. Staged Reconstruction for Severe Fibular Hemimelia Assessment of Psychosocial and Quality of Life Status and Physical Functioning in Childhood		
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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Dr. Morton has nothing to disclose.

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ICMJJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Shana	2. Surname (Last Name) Ward	3. Date 08-August-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dror Paley, MD
5. Manuscript Title Amputation vs. Staged Reconstruction for Severe Fibular Hemimelia Assessment of Psychosocial and Quality of Life Status and Physical Functioning in Childhood		
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Are there any relevant conflicts of interest? Yes No

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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)

Russ

2. Surname (Last Name)

Riddle

3. Date

27-July-2018

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Dror Paley, MD

5. Manuscript Title

Amputation vs. Staged Reconstruction for Severe Fibular Hemimelia Assessment of Psychosocial and Quality of Life Status and Physical Functioning in Childhood

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

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Mr. Riddle 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) Stacy	2. Surname (Last Name) Specht	3. Date 23-July-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dror Paley, MD
5. Manuscript Title Amputation vs. Staged Reconstruction for Severe Fibular Hemimelia Assessment of Psychosocial and Quality of Life Status and Physical Functioning in Childhood		
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

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Ms. Specht 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) Donald	2. Surname (Last Name) Cummings	3. Date 18-December-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dror Paley
5. Manuscript Title Amputation vs. Staged Reconstruction for Severe Fibular Hemimelia Assessment of Psychosocial and Quality of Life Status and Physical Functioning in Childhood		
6. Manuscript Identifying Number (if you know it) JBJSOA-D-18-00053		

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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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

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ICMJJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Kristen

2. Surname (Last Name)
Tulchin-Francis

3. Date
08-August-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

5. Manuscript Title
Amputation vs. Staged Reconstruction for Severe Fibular Hemimelia Assessment of Psychosocial and Quality of Life Status and Physical Functioning in Childhood

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Dr. Tulchin-Francis has nothing to disclose.

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