ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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 [x]

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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<tr>
<td>Orthofix</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[x]</td>
<td>Royalties from sales of a circular external fixator</td>
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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes [ ] No [x]
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Dr. Birch reports other from Orthofix, outside the submitted work.

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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

### 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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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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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

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   Yes ☐  No ☑

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   Yes ☑  No ☐

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<td>Consultant</td>
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<td>☑</td>
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- [ ] Yes  
- [X] No

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Dr. Herzenberg reports personal fees from OrthoPediatrics, personal fees from Orthofix, personal fees from Smith & Nephew, personal fees from NuVasive Specialized 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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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? 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
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Dr. Morton has nothing to disclose.

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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?  ☑ 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?  ☑ No

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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.
   This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.
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   This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.
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Definitions.

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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) | Russ
2. Surname (Last Name) | Riddle
3. Date | 27-July-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)

### 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

### 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
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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.

Mr. Riddle has nothing to disclose.

Evaluation and Feedback
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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?  ✔ 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)

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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?  [□] Yes  [☑] 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

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Mr. Cummings 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)**
   - Kristen

2. **Surname (Last Name)**
   - Tulchin-Francis

3. **Date**
   - 08-August-2018

4. **Are you the corresponding author?**
   - 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)**

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Are there any relevant conflicts of interest?  
- Yes  
- **No**

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Dr. Tulchin-Francis has nothing to disclose.

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