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.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Courtney

2. Surname (Last Name)  
   O’Donnell

3. Date  
   20-July-2016

4. Are you the corresponding author?  
   Yes ✔ No

Corresponding Author’s Name  
Sumeet Garg

5. Manuscript Title  
   Management of Scoliosis in Children with Osteogenesis Imperfecta

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

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**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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Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. O'Donnell 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)  
   Mark

2. Surname (Last Name)  
   Erickson

3. Date  
   20-July-2016

4. Are you the corresponding author?  
   ☑ Yes  
   No

Corresponding Author’s Name  
Sumeet Garg

5. Manuscript Title  
Management of Scoliosis in Children with Osteogenesis Imperfecta

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

Section 3. Relevant financial activities outside the submitted work.

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If yes, please fill out the appropriate information below.

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<th>Non-Financial Support?</th>
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</thead>
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<td>☑</td>
<td>☐</td>
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<td>Past</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

Erickson
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Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Erickson reports other from POSNA Board of Directors, personal fees from Biomet, outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name) Nikki
2. Surname (Last Name) Bloch
3. Date 20-July-2016
4. Are you the corresponding author? ☑ No
5. Manuscript Title Management of Scoliosis in Children with Osteogenesis Imperfecta
6. Manuscript Identifying Number (if you know it)

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Dr. Bloch has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Nicole

2. Surname (Last Name)  
   Michael

3. Date  
   20-July-2016

4. Are you the corresponding author?  
   [ ] Yes  
   ✔ No

   Corresponding Author’s Name  
   Sumeet Garg

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Ms. Michael has nothing to disclose.

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   Sumeet
2. Surname (Last Name)  
   Garg
3. Date  
   20-July-2016
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   ✔ Yes  
   No
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   No

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Dr. Garg reports personal fees from Medtronic, personal fees from DePuy Synthes Spine, personal fees from Robert P Schuster, personal fees from Decision Support in Medicine, outside the submitted work.

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