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.

3. Relevant financial activities outside the submitted work.


5. Relationships not covered above.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.
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Licensed: The patent has been licensed to an entity, whether earning royalties or not
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)       | Richard |
| 2. Surname (Last Name)           | Anderson |
| 3. Date                          | 30-December-2016 |
| 4. Are you the corresponding author? | [ ] Yes [ ] No |
| Corresponding Author’s Name      | Michael Vitale |

5. Manuscript Title
   Team Approach: Preventing Surgical Site Infections in Pediatric Scoliosis Surgery

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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## Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Anderson 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)  
   Lisa

2. Surname (Last Name)  
   McLeod

3. Date  
   28-November-2016

4. Are you the corresponding author?  
   □ Yes  ✔ No  
   Corresponding Author’s Name  
   Michael Vitale, MD

5. Manuscript Title  
   Team Approach: Preventing Surgical Site Infections in Pediatric Scoliosis Surgery

6. Manuscript Identifying Number (if you know it)

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Dr. McLeod 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)  
   Kevin  
2. Surname (Last Name)  
   Wang  
3. Date  
   11-May-2017  
4. Are you the corresponding author?  
   ☑ Yes  
   ☐ No  
   Corresponding Author’s Name  
   Michael Vitale, MD  
5. Manuscript Title  
   Team Approach: Preventing Surgical Site Infections in Pediatric Scoliosis Surgery  
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### ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Jennifer

2. Surname (Last Name)  
   Crotty

3. Date  
   17-May-2017

4. Are you the corresponding author?  
   ✔ No

   Corresponding Author’s Name  
   Michael Vitale, MD

5. Manuscript Title  
   Team Approach: Preventing Surgical Site Infections in Pediatric Scoliosis Surgery

6. Manuscript Identifying Number (if you know it)

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**Section 2. The Work Under Consideration for Publication**

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**Section 4. Intellectual Property -- Patents & Copyrights**

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Dr. Crotty has nothing to disclose.

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Jennifer</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Hope</td>
</tr>
<tr>
<td>3. Date</td>
<td>13-May-2017</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Corresponding Author’s Name</td>
<td>Michael Vitale, MD</td>
</tr>
</tbody>
</table>

#### 5. Manuscript Title

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Ms. Hope 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)**
   - Michael

2. **Surname (Last Name)**
   - Vitale

3. **Date**
   - 22-November-2016

4. **Are you the corresponding author?**
   - No ✔

   **Corresponding Author’s Name**
   - William Stuart Mackenzie, MD

5. **Manuscript Title**
   - Team Approach: Preventing Surgical Site Infections in Pediatric Scoliosis Surgery

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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Are there any relevant conflicts of interest?  ✔ Yes  No

If yes, please fill out the appropriate information below.

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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

**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. Vitale reports other from Biomet, grants from Children's Spine Study Group, other from DePuy, other from Medtronic, grants from OMEGA, other from POSNA, grants from SRS, other from Stryker, other from Synthes, other from Wellinks, outside the submitted work; .
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Thomas
2. Surname (Last Name)  Imahiyerobo
3. Date  16-May-2017
4. Are you the corresponding author?  Yes ☐ No ✔
   Corresponding Author’s Name  Michael Vitale
5. Manuscript Title  Team Approach: Preventing Surgical Site Infections in Pediatric Scoliosis Surgery
6. Manuscript Identifying Number (if you know it)

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes ☐ No ✔
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Dr. Imahiyerobo has nothing to disclose.

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**Section 1. Identifying Information**

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<td>Ko</td>
<td>20-May-2017</td>
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4. Are you the corresponding author?  
   - [ ] Yes  
   - [x] No  

Corresponding Author’s Name  
Michael Vitale, MD

5. Manuscript Title  
Team Approach: Preventing Surgical Site Infections in Pediatric Scoliosis Surgery

6. Manuscript Identifying Number (if you know it)

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   - [x] No

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   - [x] No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Ko has nothing to disclose.

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---

Mackenzie
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) W.G. Stuart
2. Surname (Last Name) Mackenzie
3. Date 30-November-2016
4. Are you the corresponding author? Yes ☐ No ☑
   Corresponding Author’s Name Michael Vitale, MD
5. Manuscript Title Team Approach: Preventing Surgical Site Infections in Pediatric Scoliosis Surgery
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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Are there any relevant conflicts of interest? Yes ☐ No ☑

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Mackenzie has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Lisa

2. Surname (Last Name)  
   Saiman

3. Date  
   09-December-2016

4. Are you the corresponding author?  
   Yes ✔

   Corresponding Author’s Name  
   Michael G. Vitale, MD, MPH

5. Manuscript Title  
   Team Approach: Preventing Surgical Site Infections in Pediatric Scoliosis Surgery

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  
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   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. Saiman reports grants from Centers for Disease Control and Prevention, grants from Cystic Fibrosis Foundation, grants from NIH, grants from AHRQ, other from Merck, other from Gilead, other from AB Comm, Inc., other from Teva, outside the submitted work; .

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