

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.

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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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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

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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)
Joshua

2. Surname (Last Name)
Murphy

3. Date
07-April-2019

4. Are you the corresponding author? Yes No
Corresponding Author's Name
K. Aaron Shaw

5. Manuscript Title
The Effect of Spinal Fusion on Health-Related Quality of Life for Non-Ambulatory Cerebral Palsy Patients: A Critical Analysis Review

6. Manuscript Identifying Number (if you know it)
REVIEWS-D-19-00036R1

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
Depuy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
Medicrea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Unpaid Consultant
OrthoPediatrics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Research Support

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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- Yes, the following relationships/conditions/circumstances are present (explain below):
- No other relationships/conditions/circumstances that present a potential conflict of interest

Dr. Murphy is committee member for POSNA and SRS and serve on the editorial board for the Journal of Pediatric Orthopaedics and the Journal of Spine Deformity

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Dr. Murphy reports personal fees from Depuy, other from Medtronic, other from OrthoPediatrics, outside the submitted work; and Dr. Murphy is committee member for POSNA and SRS and serve on the editorial board for the Journal of Pediatric Orthopaedics and the Journal of Spine Deformity.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Kenneth

2. Surname (Last Name)
Shaw

3. Date
07-April-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
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Dr. Shaw is a committee member for NASS and serves on the editorial board for the World Journal of Orthopaedics

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Section 1. Identifying Information

1. Given Name (First Name) Nicholas	2. Surname (Last Name) Fletcher	3. Date 07-April-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name K. Aaron Shaw
5. Manuscript Title The Effect of Spinal Fusion on Health-Related Quality of Life for Non-Ambulatory Cerebral Palsy Patients: A Critical Analysis Review		
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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Medtronic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paid Speaker
Medtronic Sofamore Danek	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consultant
OrthoPediatics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Unpaid Consultant
Zimmer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paid Speaker

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Dr. Fletcher is committee member for POSNA and SRS

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Section 1. Identifying Information

1. Given Name (First Name)
Justin

2. Surname (Last Name)
Hire

3. Date
07-April-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
K. Aaron Shaw

5. Manuscript Title
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Dr. Hire has nothing to disclose.

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Section 1. Identifying Information

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Jeremy

2. Surname (Last Name)
Reifsnnyder

3. Date
07-April-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
K. Aaron Shaw

5. Manuscript Title
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