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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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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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
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

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Are there any relevant conflicts of interest?  Yes  No

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<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
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<th>Comments</th>
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<td></td>
<td>Yes</td>
<td></td>
<td>Research Support</td>
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</table>

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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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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Shaw
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  
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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Are there any relevant conflicts of interest?  
☐ Yes ☑ No

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☐ Yes ☑ No

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Dr. Shaw reports and 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?  
[ ] Yes  [ ] No  
Corresponding Author's Name  
K. Aaron Shaw

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

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**Section 1. Identifying Information**

1. Given Name (First Name)  
Jeremy

2. Surname (Last Name)  
Reifsnyder

3. Date  
07-April-2019

4. Are you the corresponding author?  
☐ Yes  ✔ No

Corresponding Author’s Name  
K. Aaron Shaw

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
☐ Yes  ✔ No
ICMJE Form for Disclosure of Potential Conflicts of Interest

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At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

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. Reifsnyder has nothing to disclose.

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