

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Elizabeth

2. Surname (Last Name)
Hubbard

3. Date
29-July-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Rachel Thompson

5. Manuscript Title
Effect of Curve Type in Brace Success in Patients with Idiopathic Scoliosis

6. Manuscript Identifying Number (if you know it)

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Dr. Hubbard has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Chan-Hee

2. Surname (Last Name)
Jo

3. Date
28-July-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Rachel Thompson

5. Manuscript Title
Effect of Curve Type in Brace Success in Patients with Idiopathic Scoliosis

6. Manuscript Identifying Number (if you know it)

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Dr. Jo has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Lori

2. Surname (Last Name)

Karol

3. Date

28-July-2016

4. Are you the corresponding author?

☐

Yes

☒

No

Corresponding Author's Name

Rachel Thompson

5. Manuscript Title

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Yes

☒

No

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Yes

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No

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☐

Yes

☒

No

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Section 1. Identifying Information

1. Given Name (First Name)
Rachel

2. Surname (Last Name)
Thompson

3. Date
31-July-2016

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

5. Manuscript Title
Effect of Curve Type in Brace Success in Patients with Idiopathic Scoliosis

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)
Don

2. Surname (Last Name)
Virostek

3. Date
31-July-2016

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☐ Yes ☒ No

Corresponding Author's Name
Rachel Thompson

5. Manuscript Title
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