ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

2. The work under consideration for publication.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name): David
2. Surname (Last Name): Shau
3. Effective Date (07-August-2008): 21-September-2012

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

Corresponding Author's Name: Dr. Clinton Devin

5. Manuscript Title: Utility of post-operative radiographs for pediatric scoliosis: correlating history and physical exam findings with radiographic findings

6. Manuscript Identifying Number (if you know it):

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1. Grant	☑	☐	☐			×
						ADD
2. Consulting fee or honorarium	☑	☐	☐			×
						ADD
3. Support for travel to meetings for the study or other purposes	☑	☐	☐			×
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4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	☑	☐	☐			×
						ADD
5. Payment for writing or reviewing the manuscript	☑	☐	☐			×
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						ADD
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						ADD
10. Payment for development of educational presentations	☑	☐	☐			×
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Section 1. Identifying Information

1. Given Name (First Name): Richard
2. Surname (Last Name): Samade
3. Effective Date (07-August-2008): 21-September-2012

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

Corresponding Author's Name: Dr. Clinton Devin

5. Manuscript Title: Utility of post-operative radiographs for pediatric scoliosis: correlating history and physical exam findings with radiographic findings

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						ADD
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						ADD
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1. Given Name (First Name): Gregory
2. Surname (Last Name): Mencio
3. Effective Date (07-August-2008): 21-September-2012

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

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1. Given Name (First Name): Stephen
2. Surname (Last Name): Gadomski
3. Effective Date (07-August-2008): 21-September-2012

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

Corresponding Author's Name: Dr. Clinton Devin

5. Manuscript Title: Utility of post-operative radiographs for pediatric scoliosis: correlating history and physical exam findings with radiographic findings

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						ADD
5. Grants/grants pending	☑	☐	☐			✕
						ADD
6. Payment for lectures including service on speakers bureaus	☑	☐	☐			✕
						ADD
7. Payment for manuscript preparation	☑	☐	☐			✕

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Relevant financial activities outside the submitted work

Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
8. Patents (planned, pending or issued)	☑	☐	☐			×
						ADD
9. Royalties	☑	☐	☐			×
						ADD
10. Payment for development of educational presentations	☑	☐	☐			×
						ADD
11. Stock/stock options	☑	☐	☐			×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	☑	☐	☐			×
						ADD
13. Other (err on the side of full disclosure)	☑	☐	☐			×
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Section 1. Identifying Information

1. Given Name (First Name): Clinton
2. Surname (Last Name): Devin
3. Effective Date (07-August-2008): 21-September-2012

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

5. Manuscript Title: Utility of post-operative radiographs for pediatric scoliosis: correlating history and physical exam findings with radiographic findings

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						ADD
2. Consulting fee or honorarium	☑	☐	☐			×
						ADD
3. Support for travel to meetings for the study or other purposes	☑	☐	☐			×
						ADD
4. Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like	☑	☐	☐			×
						ADD
5. Payment for writing or reviewing the manuscript	☑	☐	☐			×
						ADD
6. Provision of writing assistance, medicines, equipment, or administrative support	☑	☐	☐			×

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						ADD
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						ADD
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Section 1. Identifying Information

1. Given Name (First Name): Jesse
2. Surname (Last Name): Bible
3. Effective Date (07-August-2008): 21-September-2012

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

Corresponding Author's Name: Dr. Clinton Devin

5. Manuscript Title: Utility of post-operative radiographs for pediatric scoliosis: correlating history and physical exam findings with radiographic findings

6. Manuscript Identifying Number (if you know it):

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1. Grant	☑	☐	☐			×
						ADD
2. Consulting fee or honorarium	☑	☐	☐			×
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						ADD
5. Payment for writing or reviewing the manuscript	☑	☐	☐			×
						ADD
6. Provision of writing assistance, medicines, equipment, or administrative support	☑	☐	☐			×

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						ADD
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						ADD
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						ADD
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						ADD
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2. Surname (Last Name): Armaghani
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Corresponding Author's Name: Dr. Clinton Devin

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