

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.

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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.

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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 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 you



| Section 1. | Identifying Inform | ation | | |
|--|---------------------|-------------------------------------|---|------------------------|
| 1. Given Name (First Mitchell | t Name) | 2. Surname (Last Name) Bernstein | | 3. Date 20-May-2016 |
| 4. Are you the corresponding author? | | Yes 🗸 No | Corresponding Author's Na Dr. Reggie Hamdy | me |
| 5. Manuscript Title What's New in Lim | b Lengthening and E | Deformity Correction | | |

6. Manuscript Identifying Number (if you know it)

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.)?

✓ No

Are there any relevant conflicts of interest? Yes

Section 3. Relevant financial activities outside the submitted work.

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No

Are there any relevant conflicts of interest? Yes

If yes, please fill out the appropriate information below.

| Name of Entity | Grant? | Personal Fees | Non-Financial Support? | Other? | Comments | |
|------------------|--------|------------------|---------------------------|--------|------------|--|
| Smith and Nephew | | \checkmark | | | Consultant | |
| Ellipse/Nuvasive | | \checkmark | | | Consultant | |
| Synthes | | \checkmark | | | Consultant | |

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Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Ves



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Section 6. Disclosure Statement

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Dr. Bernstein reports personal fees from Smith and Nephew, personal fees from Ellipse/Nuvasive, personal fees from Synthes, outside the submitted work; .

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| Section 1. | Identifying Infor | mation | |
|---------------------------------------|-------------------------|------------------------------------|---|
| 1. Given Name (Fi Austin | rst Name) | 2. Surname (Last Name) Fragomen | 3. Date 30-May-2016 |
| 4. Are you the cor | responding author? | Yes 🖌 No | Corresponding Author's Name Reginald Hamdy |
| 5. Manuscript Titl Whats new in Li | e mb Lengthening and | Reconstruction | |

6. Manuscript Identifying Number (if you know it)

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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.)?

✓ No

Are there any relevant conflicts of interest? Yes

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No

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| Name of Entity | Grant? | Personal Fees ? | Non-Financial Support? | Other? | Comments | |
|------------------|--------|---------------------------|---------------------------|--------|-----------------|--|
| Synthes | | \checkmark | | | consultant | |
| Smith and Nephew | | \checkmark | | | speakers bureau | |
| NuVasive | | \checkmark | | | consultant | |

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Intellectual Property -- Patents & Copyrights

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| Section 1. | Identifying Inform | nation | | |
|---|---------------------------|------------------------------------|---|------------------------|
| 1. Given Name (Fii S Robert | rst Name) | 2. Surname (Last Name) Rozbruch | | 3. Date 30-May-2016 |
| 4. Are you the corresponding author? | | Yes 🖌 No | Corresponding Author's Na Dr. Reggie Hamdy | ime |
| 5. Manuscript Title What's New in Li | e mb Lengthening and I | Deformity Correction | | |

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|-------------------|--------|---------------------------|---------------------------|--------|--------------------------|--|
| Ellipse/ Nuvasive | | \checkmark | | | consulting | |
| Smith and Nephew | | \checkmark | | | consulting | |
| Stryker | | \checkmark | | | consulting and royalties | |

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| Section 1. Identifying Infor | mation | |
|--|---------------------------------|------------------------|
| 1. Given Name (First Name) Reggie | 2. Surname (Last Name) Hamdy | 3. Date 30-May-2016 |
| 4. Are you the corresponding author? | ✓ Yes No | |
| 5. Manuscript Title What is new in Limb Lengthening and | Deformity Correction | |

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| Are there any relevant conflicts of interest? | \checkmark | Yes | | No |
|---|--------------|-----|--|----|
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If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

| Name of Institution/Company | Grant? | Personal Fees [?] | Non-Financial Support <mark>?</mark> | Other? | Comments | |
|-----------------------------|--------|-------------------------------|---|--------|--|--|
| | | \checkmark | | | Stipend for JBJS for manuscript preparation. | |

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| Name of Entity | Grant? | Personal Fees ? | Non-Financial Support <mark>?</mark> | Other? | Comments | |
|----------------|--------|---------------------------|---|--------|--|--|
| Springer | | \checkmark | | | C-Editor of Limb Lengthening and Reconstruction Surgery Case Atlas | |



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