

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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) Donald	2. Surname (Last Name) Virostek	3. Date 23-November-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Lori Karol MD
5. Manuscript Title The Effect of Risser Sign on Bracing in Adolescent Idiopathic Scoliosis		
6. Manuscript Identifying Number (if you know it) 		

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Donald Virostek has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Chan-Hee	2. Surname (Last Name) Jo	3. Date 12-February-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Corresponding Author's Name _____		
5. Manuscript Title The Effect of Risser Sign on Bracing Outcome in Adolescent 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

23-November-2015

4. Are you the corresponding author?



Yes



No

5. Manuscript Title

The Effect of Risser Sign on Bracing in Adolescent Idiopathic Scoliosis

6. Manuscript Identifying Number (if you know it)

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Yes



No

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Yes



No

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1. Given Name (First Name) Kevin	2. Surname (Last Name) Felton	3. Date 23-November-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Lori Karol, MD
5. Manuscript Title The Effect of Risser Sign on Bracing in Adolescent Idiopathic Scoliosis		
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