

Instructions

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Antoniono 1



Section 1. Ide	entifying Inform	ation					
1. Given Name (First Na Jennifer	me)	2. Surnam Antonion	e (Last Name) O)		3. Date 04-November-2014	
4. Are you the corresponding author?		Yes	√ No	-	Corresponding Author's Name Katherine R. Saul		
5. Manuscript Title Biomechanical Basis o	of Shoulder Osseou	ıs Deformit	y and Contr	acture in A Rat	Model of	Brachial Plexus Birth Palsy	
6. Manuscript Identifyir	ng Number (if you kn	ow it)					
Section 2. The	· Work Under Co	ncidorati	ion for Rub	alication			
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Name of Institution/	Company	Grant?	Personal N	Ion-Financial Support <mark>?</mark>	Other?	Comments	
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Section 3. Rel	evant financial a	activities	outside th	e submitted v	work.		
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Antoniono 2



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	eports grants from NCState University Undergraduate Research Grant, personal fees from Women in Science nmer Research Scholarship, during the conduct of the study; .

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Antoniono 3



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Crouch 1



Section 1.	Identifying Inform	ation	
1. Given Name (Fi Dustin	rst Name)	2. Surname (Last N Crouch	Jame) 3. Date 18-November-2014
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Katherine R. Saul
5. Manuscript Title Biomechanical B		us Deformity and C	ontracture in A Rat Model of Brachial Plexus Birth Palsy
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of compensation clicking the "Add) with entities as descri +" box. You should re	bed in the instructi port relationships tl	rate whether you have financial relationships (regardless of amount ions. Use one line for each entity; add as many lines as you need by hat were present during the 36 months prior to publication .
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Do you have any	patents, whether plan	ned, pending or iss	ued, broadly relevant to the work? Yes V

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•	rts grants from Orthopaedic Research and Education Foundation / Pediatric Orthopaedic Society of North the conduct of the study; .

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Cao 1



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4. Are you the corresponding author?	☐ Yes 🗸 No	Corresponding Author's Name Katherine R. Saul
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Do you have any patents, whether plan	nned, pending or issued, br	oadly relevant to the work? Yes V No

Cao 2



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GONG 1



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GONG 2



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Other: Anything not covered under the previous three boxes

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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 your patent

Plate 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fi	rst Name)	2. Surname (Last Name) Plate		. Date 8-November-2014
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Katherine R. Saul	2
5. Manuscript Title Biomechanical B		us Deformity and Contract	ure in A Rat Model of Brachial	l Plexus Birth Palsy
6. Manuscript lder	ntifying Number (if you kr	now it)		
			-	
Section 2.	The Work Under Co	onsideration for Public	ation	
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, comn ta monitoring board, study desig	nercial, private foundation, etc.) for gn, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	ubmitted work.	
of compensation clicking the "Add) with entities as descri	ibed in the instructions. Us port relationships that wer —		onships (regardless of amount d as many lines as you need by nths prior to publication.
Section 4.	Intellectual Proper	rty Patents & Copyrig	ıhts	
Do you have any		., ., .,	oadly relevant to the work? [Yes ✓ No

Plate 2



Section 5. Relationships not solvered above
Relationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
Yes, the following relationships/conditions/circumstances are present (explain below):
✓ No other relationships/conditions/circumstances that present a potential conflict of interest
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statement 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. Plate has nothing to disclose.

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Plate 3



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.

Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Intellectual Property.

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

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Li 1



Section 1. Identifying	Information			
1. Given Name (First Name) Zhongyu	2. Surname (Last Name) Li		3. Date 18-November-2014	
4. Are you the corresponding auth	or? Yes Vo	Corresponding Author's Name Katherine R. Saul		
5. Manuscript Title Biomechanical Basis of Shoulde	r Osseous Deformity and Contractu	re in A Rat Model of	Brachial Plexus Birth Palsy	
6. Manuscript Identifying Number	(if you know it)			
Section 2. The Work U	nder Consideration for Publica	ntion		
	ime receive payment or services from a including but not limited to grants, data		ent, commercial, private foundation, etc.) for udy design, manuscript preparation,	
Are there any relevant conflicts				
If yes, please fill out the approp Excess rows can be removed by		more than one enti	ty press the "ADD" button to add a row.	
Name of Institution/Company	Grant? Personal Non-	Financial Other?	Comments	
Orthopaedic Research and Education Foundation / Pediatric Orthopaedic S North America	ociety of			
Section 3. Relevant fir	ancial activities outside the su	ıbmitted work.		
of compensation) with entities		one line for each er	rial relationships (regardless of amount nity; add as many lines as you need by a 36 months prior to publication .	
Are there any relevant conflicts	of interest? Yes ✓ No			
Section 4. Intellectual	December 1 Commission	-4-		
intellectual	Property Patents & Copyrigl	its		
Do you have any patents, whether	ner planned, pending or issued, bro	adly relevant to the	work? ☐ Yes ✓ No	

Li 2



Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
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✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
_	Disclosure Statement
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
	rts grants from Orthopaedic Research and Education Foundation / Pediatric Orthopaedic Society of North the conduct of the study; .

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Royalties: Funds are coming in to you or your institution due to your patent

Saul 1



Section 1.	ldentifying Inform	ation					
1. Given Name (Fii Katherine	rst Name)	2. Surname (Last Na Saul	me)		3. Date 04-November-2014		
4. Are you the cor	responding author?	✓ Yes No					
5. Manuscript Title Biomechanical B		us Deformity and Co	ntracture in A Rat	Model of Bra	achial Plexus Birth Palsy		
6. Manuscript Ider	ntifying Number (if you kn	ow it)					
Section 2.	The Work Under Co	onsideration for F	Publication				
	ubmitted work (including				commercial, private foundation, etc.) for design, manuscript preparation,		
Are there any rel	evant conflicts of intere	est? ✓ Yes	No				
	out the appropriate info be removed by pressing		ou have more thar	n one entity p	oress the "ADD" button to add a row.		
Name of Institut		Grant? Persona Fees?	Non-Financial Support?	Other?	Comments		
Orthopaedic Researc Foundation /Pediatric North America	h and Education c Orthopaedic Society of	✓					
Section 3.	Relevant financial	activities outside	the submitted	work.			
of compensation) with entities as descri	bed in the instruction	ons. Use one line fo	or each entity	relationships (regardless of amount y; add as many lines as you need by 6 months prior to publication.		
Are there any rel	evant conflicts of intere	est?	No				
Section 4							
Section 4.	Intellectual Proper	ty Patents & Co	pyrights				
Do you have any	patents, whether plani	ned, pending or issu	ed, broadly releva	ant to the wo	ork? ☐ Yes ✓ No		

Saul 2



Section 5. Polationships not sovered above			
Relationships not covered above			
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Dr. Saul reports grants from Orthopaedic Research and Education Foundation /Pediatric Orthopaedic Society of North America, during the conduct of the study; .			

Evaluation and Feedback

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Saul 3