

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 2. The work under consideration for publication.

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

#### 5. Relationships not covered above.

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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) Anita	2. Surname (Last Name) Bagley	3. Date
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Ann Van Heest, MD
5. Manuscript Title Tendon Transfer Surgery in Upper Extremity Cerebral Palsy is More Effective than Botulinum Toxin Injections or Regular Ongoing Therapy: A Randomized Controlled Trial with a Patient Preference Limb		
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.)?

Are there any relevant conflicts of interest? ☒ Yes ☐ No

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?	Other?	Comments
Shriners Hospitals for Children - Tampa	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Dr. Bagley reports grants from Shriners Hospitals for Children - Tampa, during the conduct of the study; .

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Michelle	2. Surname (Last Name) James	3. Date 27-November-2013
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Ann Van Heest, MD
5. Manuscript Title Tendon Transfer Surgery in Upper Extremity Cerebral Palsy is More Effective than Botulinum Toxin Injections or Regular Ongoing Therapy: A Randomized Controlled Trial with a Patient Preference Limb		
6. Manuscript Identifying Number (if you know it)  		

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Are there any relevant conflicts of interest? ☒ Yes ☐ No

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Shriners Hospitals for Children Clinical Research Grant	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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### Section 1. Identifying Information

1. Given Name (First Name)  
Fred

2. Surname (Last Name)  
Molitor

3. Date  
24-July-2014

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name  
Ann Van Heest, MD

5. Manuscript Title  
Tendon Transfer Surgery in Upper Extremity Cerebral Palsy is More Effective than Botulinum Toxin Injections or Regular Ongoing Therapy: A Randomized Controlled Trial with a Patient Preference Limb

6. Manuscript Identifying Number (if you know it)  
JBJS-D-13-01577R1

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Dr. Molitor has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Ann

2. Surname (Last Name)  
Van Heest

3. Date  
08-November-2013

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

5. Manuscript Title  
Tendon Transfer Surgery in Upper Extremity Cerebral Palsy Is More Effective than Botulinum Toxin Injections or Regular Ongoing Therapy: A Randomized Controlled Trial with a Patient Preference Limb

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