

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.

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4. Intellectual Property.

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

Relationships not covered above.

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Puvanesarajah 1



Section 1. Identifying Inform	nation	
Given Name (First Name) Varun	2. Surname (Last Name) Puvanesarajah	3. Date 14-March-2014
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Paul Sponseller
5. Manuscript Title Use of Sandwich Allografts for Long Bo	ne Non-Unions in Patients	with Osteogenesis Imperfecta
6. Manuscript Identifying Number (if you k	now it)	
Section 2. The Work Under C	onsideration for Public	cation
	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for at a monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the	submitted work.
of compensation) with entities as descr	ribed in the instructions. Us port relationships that we	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.
Section 4. Intellectual Prope	rty Patents & Copyri	ghts
Do you have any patents, whether plan	nned, pending or issued, br	roadly relevant to the work? Yes V No

Puvanesarajah 2



Section 5. Relationships not covered above
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At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.
Section 6. Disclosure Statement
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Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.

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Shapiro, MD



Section 1. Identifying	Information		
1. Given Name (First Name) Jay	2. Surname (Last Name) Shapiro, MD	3. Date 16-May-2014	
4. Are you the corresponding auth	or? Yes 🗸 No	Corresponding Author's Name	
5. Manuscript Title Sandwich allografts for long-bo	ne nonunions in patients with ost	eogenesis imperfecta	
6. Manuscript Identifying Number	(if you know it)		
Section 2. The Work U	nder Consideration for Public	cation	
Did you or your institution at any t	ime receive payment or services from including but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,	
Section 3. Relevant fin	ancial activities outside the s	submitted work.	
Place a check in the appropriate of compensation) with entities a	e boxes in the table to indicate who as described in the instructions. Us nould report relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by se present during the 36 months prior to publication.	
Section 4. Intellectual	Property Patents & Copyrig	ghts	
Do you have any patents, wheth	ner planned, pending or issued, br	oadly relevant to the work? Yes V No	

Shapiro, MD 2



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Dr. Shapiro, MD has nothing to disclose.

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Shapiro, MD



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sponseller` 1



Cartion 1				
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1. Given Name (First Name) paul	2. Surname (Last Name sponseller`	2)	3. Date 14-March-2014	
4. Are you the corresponding author?	✓ Yes No			
5. Manuscript Title Use of sandwich allografts for difficult	non-unions in osteogen	nesis imperfecta		
6. Manuscript Identifying Number (if you	know it)			
	,			
6 11 6				
Section 2. The Work Under	Consideration for Pul	blication		
Did you or your institution at any time rea any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of inte	ng but not limited to grants	s, data monitoring bo		
Are there any relevant commets of inte	103t. Tes	O		
Section 3. Polyant financia				
Relevant financia	l activities outside th	ie submitted wo	rk.	
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If yes, please fill out the appropriate ir	formation below.			
Name of Entity	Grant? Personal Fees?	Non-Financial Ot Support?	her? Comments	
Depuy Synthes Spine	√ √	Зиррогс		
Globus				
J Bone Joint Surgery				
Oakstone Medical Publishing				
Lippincott Williams and Wilkins				

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Soutien A
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Dr. sponseller` reports grants and personal fees from Depuy Synthes Spine, personal fees from Globus, personal fees from J Bone Joint Surgery, personal fees from Oakstone Medical Publishing, personal fees from Lippincott Williams and Wilkins, outside the submitted work; .

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