

Instructions

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Edgington 1



Section 1. Identifying Inf	ormation	
1. Given Name (First Name) Jonathan	2. Surname (Last Name) Edgington	3. Date 22-February-2017
4. Are you the corresponding author?	Yes No	Corresponding Author's Name Michael Petravick
5. Manuscript Title Preferably Not My Surgery: A Surve	y of Patient and Family Membe	er Comfort with Concurrent and Overlapping Surgeries
6. Manuscript Identifying Number (if yo	ou know it)	
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Section 2. The Work Under	er Consideration for Public	ation
	iding 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 finance	cial activities outside the s	ubmitted work.
of compensation) with entities as d	escribed in the instructions. Us d report relationships that wer	ether you have financial relationships (regardless of amount e one line for each entity; add as many lines as you need by e present during the 36 months prior to publication .
Section 4. Intellectual Pro	perty Patents & Copyrig	hte
intellectual Pro	perty Patents & Copyrig	
Do you have any patents, whether p	olanned, pending or issued, br	oadly relevant to the work? Yes V No

Edgington 2



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Idowu 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fil Olumuyiwa	rst Name)	2. Surname (Last Name) Idowu	3. Date 22-February-20	17
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Michael Petravick	
5. Manuscript Title Preferably Not M		Patient and Family Membe	er Comfort with Concurrent and Overlappin	g Surgeries
6. Manuscript lder	ntifying Number (if you kr	now it)		
Section 2.	The Work Under C	onsideration for Public	ation	
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 Vo				
Section 3.	Relevant financial	activities outside the s	ubmitted work.	
of compensation clicking the "Add) with entities as descr	ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regar e one line for each entity; add as many lines e present during the 36 months prior to p	s as you need by
Section 4.	Intellectual Prope	rty Patents & Copyri <u>c</u>	hts	
Do you have any			oadly relevant to the work? Yes	No

Idowu 2



Section 5. Politicarchine not covered above				
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Lee 1



Section 1.	Identifying Inforn	nation	
1. Given Name (Fii Michael	rst Name)	2. Surname (Last Na Lee	me) 3. Date 24-February-2017
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Michael Petravick
5. Manuscript Title Preferably Not M		Patient and Family N	Member Comfort with Concurrent and Overlapping Surgeries
6. Manuscript Ider	ntifying Number (if you kı	now it)	
Section 2.	The Work Under C	onsideration for F	Publication
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Section 3.	Relevant financial	activities outside	the submitted work.
of compensation clicking the "Add) with entities as descr +" box. You should re	ibed in the instruction port relationships the	te whether you have financial relationships (regardless of amount ons. Use one line for each entity; add as many lines as you need by at were present during the 36 months prior to publication .
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Name of Entity		Grant? Personal Fees?	Non-Financial Other? Comments
Striker Spine Depuy S	synthes		
Scoliosis Research So	ciety	✓	
Section 4.	Intellectual Prope	rty Patonts & Co	nyriahts
Do you have any	patents, whether plan	ned, pending or issu	ed, broadly relevant to the work? Yes V

Lee 2



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Dr. Lee reports personal fees from Striker Spine Depuy Synthes, grants from Scoliosis Research Society, outside the submitted work; .

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Petravick 1



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5. Manuscript Title Preferably Not My Surgery: A Survey of	f Patient and Family Member Comfort with Concurre	nt and Overlapping Surgeries
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1

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