

ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

1. 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.

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4. Intellectual Property.

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

5. Relationships not covered above.

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
lawrence

2. Surname (Last Name)
karlin

3. Date
06-June-2018

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
susan goobie

5. Manuscript Title
tranexemic acid is efficacious in decreasing the rate of blood loss in adolescent scoliosis surgery: a randomized placebo controlled trial

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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

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

Section 4. Intellectual Property -- Patents & Copyrights

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

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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. karlin has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Michael	2. Surname (Last Name) Glotzbecker	3. Date 05-June-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Susan goodie
5. Manuscript Title TRANEXAMIC ACID IS EFFICACIOUS AT DECREASING THE RATE OF BLOOD LOSS IN ADOLESCENT SCOLIOSIS SURGERY: A RANDOMIZED PLACEBO CONTROLLED TRIAL		
6. Manuscript Identifying Number (if you know it) JBJS-D-18-00314		

Section 2. The Work Under Consideration for Publication

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

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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Orthobullets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	consultant
Nuvasive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Teaching
Depuy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Teaching
Zimmer Biomet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Teaching
Medtronic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Teaching
GSSG, CSSG, HSG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Research member

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Section 4. Intellectual Property -- Patents & Copyrights

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

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Dr. Glotzbecker reports other from Orthobullets, other from Nuvasive , other from Depuy, other from Zimmer Biomet, other from Medtronic, other from GSSG, CSSG, HSG, outside the submitted work.

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

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Section 1. Identifying Information

1. Given Name (First Name) John	2. Surname (Last Name) Emans	3. Date 06-June-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Susan Goobie
5. Manuscript Title TRANEXAMIC ACID IS EFFICACIOUS AT DECREASING THE RATE OF BLOOD LOSS IN ADOLESCENT SCOLIOSIS SURGERY: A RANDOMIZED PLACEBO CONTROLLED TRIAL.		
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Medtronic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	consultant
Synthes spine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	consultant, royalties
Zimmer/Biomet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	consultant, data safety monitoring board

Section 4. Intellectual Property -- Patents & Copyrights

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

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Dr. Emans reports other from Medtronic, other from Synthes spine, other from Zimmer/Biomet, outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Robert	2. Surname (Last Name) Brustowicz	3. Date 05-June-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Susan Goobie
5. Manuscript Title TRANEXAMIC ACID IS EFFICACIOUS AT DECREASING THE RATE OF BLOOD LOSS IN ADOLESCENT SCOLIOSIS SURGERY: A RANDOMIZED PLACEBO CONTROLLED TRIAL.		
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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
Scoliosis Research Society	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	partial funding for study

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Dr. Brustowicz reports grants from Scoliosis Research Society, during the conduct of the study.

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Section 1. Identifying Information

1. Given Name (First Name) David	2. Surname (Last Name) Zurakowski	3. Date 11-June-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Susan Goobie
5. Manuscript Title TRANEXAMIC ACID IS EFFICACIOUS AT DECREASING THE RATE OF BLOOD LOSS IN ADOLESCENT SCOLIOSIS SURGERY: A RANDOMIZED PLACEBO CONTROLLED TRIAL.		
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Susan

2. Surname (Last Name)
Goobie

3. Date
11-June-2018

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

5. Manuscript Title
TRANEXAMIC ACID IS EFFICACIOUS AT DECREASING THE RATE OF BLOOD LOSS IN ADOLESCENT SCOLIOSIS SURGERY: A RANDOMIZED PLACEBO CONTROLLED TRIAL.

6. Manuscript Identifying Number (if you know it)
JBJS-D-18-00314R1

Section 2. The Work Under Consideration for Publication

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
Scoliosis Research Society	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	partial funding for this study

Section 3. Relevant financial activities outside the submitted work.

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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Octaplast	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	data safety and monitoring chair for NIH approved research study

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Section 4. Intellectual Property -- Patents & Copyrights

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

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Dr. Goobie reports grants from Scoliosis Research Society, during the conduct of the study; personal fees from Octaplast, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Mary Ellen

2. Surname (Last Name)

McCann

3. Date

06-June-2018

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Susan Goobie

5. Manuscript Title

TRANEXAMIC ACID IS EFFICACIOUS AT DECREASING THE RATE OF BLOOD LOSS IN ADOLESCENT SCOLIOSIS SURGERY: A RANDOMIZED PLACEBO CONTROLLED TRIAL

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☒ No

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Are there any relevant conflicts of interest?

☐ Yes

☒ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

☐ Yes

☒ No

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Dr. McCann has nothing to disclose.

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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) Timothy	2. Surname (Last Name) Hresko	3. Date 11-June-2018
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Susan Goobie
5. Manuscript Title TRANEXAMIC ACID IS EFFICACIOUS AT DECREASING THE RATE OF BLOOD LOSS IN ADOLESCENT SCOLIOSIS SURGERY: A RANDOMIZED PLACEBO CONTROLLED TRIAL.		
6. Manuscript Identifying Number (if you know it) JBJS-D-18-00314R1		

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Scoliosis Research Society	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	partial funding for this study

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Medtronic	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Educational Course
NUVasive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hotel/Meals for educational course

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
daniel

2. Surname (Last Name)
hedequist

3. Date
05-June-2018

4. Are you the corresponding author?

☐ Yes☒ No

Corresponding Author's Name
Susan Goobie

5. Manuscript Title
TRANEXAMIC ACID IS EFFICACIOUS AT DECREASING THE RATE OF BLOOD LOSS IN ADOLESCENT SCOLIOSIS SURGERY: A
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Dr. hedequist 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)
Navil

2. Surname (Last Name)
Sethna

3. Date
07-June-2018

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Susan Goobie MD

5. Manuscript Title
TRANEXAMIC ACID IS EFFICACIOUS AT DECREASING THE RATE OF BLOOD LOSS IN ADOLESCENT SCOLIOSIS SURGERY: A
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