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Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

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### **ICMJE Form for Disclosure of Potential Conflicts of Interest**

Section 1.	ldentifying Inform	ation	
1. Given Name (Fir Jack	st Name)	2. Surname (Last Name) Berger	3. Effective Date (07-August-2008) 23-January-2013
4. Are you the corr	esponding author?	✓ Yes No	
Proximal Part of t	ervical Epidural Anesth		l in a Pediatric Patient with Osteosarcoma of the

### Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

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The Work Under Consideration for Publication							
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
1. Grant	<b>7</b>					×	
						ADD	
2. Consulting fee or honorarium						×	
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<ol><li>Support for travel to meetings the study of other purposes</li></ol>						×	
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<ol> <li>Fees for participation in review activities such as data monitori boards, statistical analysis, end point committees, and the like</li> </ol>						×	
						ADD	
<ol><li>Payment for writing or review in the manuscript</li></ol>	ng 🗸					×	
						ADD	
6. Provision of writing assistance, medicines, equipment, or administrative support	V					×	

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### **ICMJE Form for Disclosure of Potential Conflicts of Interest**

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Relevant financial activities or	ıtside th	e submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
T. Board membership						×
						ADD
2 Consultancy	Ţ.					×
						ADD
3. Employment						×
			,			ADD
4. Expert testimony	<b>\</b>	3 2 m				×
Construction of the second						ADD
5. Grants/grants pending	7					×
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<ul> <li>6. Payment for leatures including service on speakers bureaus</li> </ul>						×
and the second of the second o			. " ;	•		ADD
7. Payment for manuscript						×
preparation		g garrena				

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

Relevant financial activities or	itside the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You		Entity	Comments	
		- Tana markanya (1-1-	and the second s			ADD
8. Patents (planned, pending or issued)						×
9. Royalties	v	i				ADD
5. novanies						×
10 Payment for development of	in facilities (parties and parties of the control o					ADD
educational presentations				• •		×
		:				ADD
11. Stock/stock options	✓				:	X
12. Travel/accommodations/		TWO WAYS TO S	grija regarajan <del>i</del> ka			ADD
meeting expenses unrelated to activities listed*						×
and the state of the second little section is a second little with the second little section is a second little section in the second little s	tellerisch er for an					ADD
13. Other (en on the side of full			777			×
disclosure)						ADD
*This means money that your institutio	n received f	for your eff	orts.			AUU
** For example, if you report a consultar	ncy above ti	here is no r	need to report tra	vel related to that consul	tancy on this line.	
Section 4. Other relations	hips			W. W	11.000	
Are there other relationships or acti potentially influencing, what you wi	vitles that	readers co submitte	ould perceive to d work?	have influenced, or th	at give the appearance o	of
✓ No other relationships/condition	ns/circume	tances the	at procent a pot	ontial conflict of interes	<del>.</del>	
Yes, the following relationships/					>t	
At the time of manuscript acceptant On occasion, journals may ask autho	e, journals ers to disck	s will ask a ose furthe	authors to confider information al	rm and, if necessary, up bout reported relation	odate their disclosure sta ships.	itements.
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Ande All I	DIE KOWS	S NECKOO	140	SAVE		

ANESTHESIA

PAGE 06



# ICMJE Form for Disclosure of Potential Conflicts of Interest

#### **Evaluation and Feedback**

Please visit http://www.icmie.org/cgl-bin/feedback to provide feedback on your experience with completing this form.



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Section 1.	Identifying Inf	ormation	
1. Given Name (Fi Raymond	rst Name)	2. Surname (Last Name) Tatevossian	3. Effective Date (07-August-2008) 28-January-2013
4. Are you the cor	responding author?	✓ Yes No	
5. Manuscript Title Fractures in child		and activity-specific fracture rates	
6. Manuscript Ide	ntifying Number (if yo	ou know it)	

## **Section 2.** The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration (	or Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	<b>✓</b>					×
						ADD
2. Consulting fee or honorarium	<b>✓</b>					×
						ADD
<ol><li>Support for travel to meetings for the study or other purposes</li></ol>	<b>✓</b>					×
						ADD
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>✓</b>					×
						ADD
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	<b>✓</b>					×
						ADD
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	<b>√</b>					×



The Work Under Consideration for Publication							
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**		
						ADD	
7. Other	$\checkmark$					×	
						ADD	

#### Section 3. Belovent fin

Relevant financial activities outside the submitted work.

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Relevant financial activities out	side the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	<b>✓</b>					×
						ADD
2. Consultancy	<b>✓</b>					×
						ADD
3. Employment	<b>✓</b>					×
						ADD
4. Expert testimony	✓					×
						ADD
5. Grants/grants pending	<b>✓</b>					×
						ADD
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	<b>✓</b>					×
						ADD
<ol><li>Payment for manuscript preparation</li></ol>	<b>✓</b>					×

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



Relevant financial activities out	side the	submitt	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
<ol><li>Patents (planned, pending or issued)</li></ol>	<b>✓</b>					×
						ADD
9. Royalties	<b>✓</b>					×
						ADD
10. Payment for development of educational presentations	<b>✓</b>					×
						ADD
11. Stock/stock options	<b>✓</b>					×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>✓</b>					×
						ADD
13. Other (err on the side of full disclosure)	<b>✓</b>					×
* This means money that your institution received for your efforts.  ** For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.						

Carthan	
Section 4.	Other relationships
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
	tionships/conditions/circumstances that present a potential conflict of interest wing relationships/conditions/circumstances are present (explain below):
	nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. Thals may ask authors to disclose further information about reported relationships.

**Hide All Table Rows Checked 'No'** 

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Section 1.	Identifying Info	rmation	
1. Given Name (Fi	rst Name)	2. Surname (Last Name) Samie	3. Effective Date (07-August-2008) 07-January-2013
4. Are you the cor	responding author?	✓ Yes No	
5. Manuscript Title Continuous Thor		l Analgesia for Management of Perioperati	ve Pain in an Adolescent with Osteosarcoma.
6. Manuscript Ider	ntifying Number (if you	ı know it)	

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or Publ	lication				
No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
<b>✓</b>					×
					ADD
<b>✓</b>					×
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The Work Under Consideration for Publication						
Тур	ne No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other	<b>✓</b>					×
						ADD

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Relevant financial activities out	side the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	<b>✓</b>					×
						ADD
2. Consultancy	<b>√</b>					X
						ADD
3. Employment	✓					X
						ADD
4. Expert testimony	✓					X
						ADD
5. Grants/grants pending	✓					X
						ADD
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	<b>✓</b>					×
						ADD
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						ADD
<ol><li>Patents (planned, pending or issued)</li></ol>	<b>✓</b>					×
						ADD
9. Royalties	<b>✓</b>					×
						ADD
<ol><li>Payment for development of educational presentations</li></ol>	<b>✓</b>					×
						ADD
11. Stock/stock options	<b>✓</b>					×
						ADD
12. Travel/accommodations/ meeting expenses unrelated to activities listed**	<b>✓</b>					×
						ADD
13. Other (err on the side of full disclosure)	<b>✓</b>					×
						ADD
* This means money that your institution ** For example, if you report a consultanc				ravel related to that consul	tancy on this line.	

Section 4.	Other relationships
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
	tionships/conditions/circumstances that present a potential conflict of interest
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
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**Hide All Table Rows Checked 'No'** 

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Section 1.	Identifying Infor	mation	
1. Given Name (Fi James	irst Name)	2. Surname (Last Name) Daniel	3. Effective Date (07-August-2008) 11-January-2013
4. Are you the co	responding author?	✓ Yes No	
5. Manuscript Titl Use of a Thoracc Humerus		Peri-Operative Pain Control in a Pediatric Patie	ent with Osteosarcoma of the Proximal
6. Manuscript Ide	ntifying Number (if you	know it)	

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1. Grant	<b>✓</b>					×
						ADD
2. Consulting fee or honorarium	<b>✓</b>					×
						ADD
<ol><li>Support for travel to meetings for the study or other purposes</li></ol>	<b>✓</b>					×
						ADD
<ol> <li>Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like</li> </ol>	<b>✓</b>					×
						ADD
<ol><li>Payment for writing or reviewing the manuscript</li></ol>	<b>✓</b>					×
						ADD
<ol><li>Provision of writing assistance, medicines, equipment, or administrative support</li></ol>	<b>√</b>					×



The Work Under Consideration for Publication						
Тур	ne No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other	<b>✓</b>					×
						ADD

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1. Board membership	<b>✓</b>					×
						ADD
2. Consultancy	<b>✓</b>					×
						ADD
3. Employment	<b>√</b>					×
						ADD
4. Expert testimony	✓					×
						ADD
5. Grants/grants pending	✓					×
						ADD
<ol><li>Payment for lectures including service on speakers bureaus</li></ol>	<b>✓</b>					×
						ADD
<ol><li>Payment for manuscript preparation</li></ol>	<b>✓</b>					×

<sup>\*</sup> This means money that your institution received for your efforts on this study.

<sup>\*\*</sup> Use this section to provide any needed explanation.



	• 1 41	1				
Relevant financial activities outs	side the					
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
<ol><li>Patents (planned, pending or issued)</li></ol>	<b>✓</b>					×
						ADD
9. Royalties	<b>✓</b>					×
						ADD
<ol><li>Payment for development of educational presentations</li></ol>	<b>✓</b>					×
						ADD
11. Stock/stock options	✓					×
						ADD
<ol> <li>Travel/accommodations/ meeting expenses unrelated to activities listed**</li> </ol>	<b>✓</b>					×
						ADD
<ol><li>Other (err on the side of full disclosure)</li></ol>	$\checkmark$					×
						ADD
* This means money that your institution ** For example, if you report a consultanc				ravel related to that consul	tancy on this line.	

Section 4.	
Section 4.	Other relationships
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
	tionships/conditions/circumstances that present a potential conflict of interest wing relationships/conditions/circumstances are present (explain below):
	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.

Hide All Table Rows Checked 'No'

SAVE



#### **Evaluation and Feedback**

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