

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 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".

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#### 4. Intellectual Property.

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

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**Other:** Anything not covered under the previous three boxes

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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)  
Connie

2. Surname (Last Name)  
Poe-Kocher

3. Date  
28-November-2018

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
George H. Thompson

5. Manuscript Title  
SUPERIOR MESENTERIC ARTERY SYNDROME COMPLICATED BY GASTRIC MUCOSAL NECROSIS FOLLOWING CONGENITAL SCOLIOSIS SURGERY

6. Manuscript Identifying Number (if you know it)  
CC-D-18-00380

### 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

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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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### Section 5. Relationships not covered above

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Dr. Poe-Kocher 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)  
George

2. Surname (Last Name)  
Thompson

3. Date  
28-November-2018

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

5. Manuscript Title  
SUPERIOR MESENTERIC ARTERY SYNDROME COMPLICATED BY GASTRIC MUCOSAL NECROSIS FOLLOWING CONGENITAL SCOLIOSIS SURGERY

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CC-D-18-00380

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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

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Medtronics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Travel Expenses
Orthopediatrics	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	IP royalties, travel expenses, stock, per diem
NuVasive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Travel Expenses
Shriners' Hospital for Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Travel Expenses, per diem
Wolters Kluwer Health	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Publishing royalties

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Scoliosis Research Society: Travel expenses.

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Dr. Thompson reports other from Medtronics, personal fees and other from Orthopediatrics, other from NuVasive, other from Shriners' Hospital for Children, personal fees from Wolters Kluwer Health, outside the submitted work; and Scoliosis Research Society: Travel expenses..

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Judy

2. Surname (Last Name)

Splawski

3. Date

28-November-2018

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

George H. Thompson

5. Manuscript Title

SUPERIOR MESENTERIC ARTERY SYNDROME COMPLICATED BY GASTRIC MUCOSAL NECROSIS FOLLOWING CONGENITAL SCOLIOSIS SURGERY

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Kathleen

2. Surname (Last Name)

Moyer

3. Date

28-November-2018

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

George H. Thompson

5. Manuscript Title

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