

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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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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**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)  
Michelle

2. Surname (Last Name)  
Caird

3. Date  
21-April-2016

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

5. Manuscript Title  
Vocal Cord Paresis after Posterior Spinal Fusion to treat Adolescent Idiopathic Scoliosis

6. Manuscript Identifying Number (if you 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 (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
NIH	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	not associated with this work
American Academy of Orthopaedic Surgeons	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	travel to teach at IPOS

### 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. Caird reports grants from NIH, non-financial support from American Academy of Orthopaedic Surgeons, outside the submitted work; .

### 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)  
Frances

2. Surname (Last Name)  
Farley

3. Date  
03-June-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Michelle S. Caird, M.D.

5. Manuscript Title  
Vocal Cord Paresis After Posterior Spinal Fusion to Treat Adolescent Idiopathic Scoliosis

6. Manuscript Identifying Number (if you know it)

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

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Dr. Farley 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)

Jennifer

2. Surname (Last Name)

Ha

3. Date

05-June-2016

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Michelle Caird

5. Manuscript Title

Vocal Cord Paresis After Posterior Spinal Fusion to Treat Adolescent Idiopathic Scoliosis

6. Manuscript Identifying Number (if you know it)

4351f992a5e3ccc5

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Dr. Ha has nothing to disclose.

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1. Given Name (First Name)  
Charles

2. Surname (Last Name)  
Koopmann

3. Date  
21-April-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Michelle S. Caird, MD

5. Manuscript Title  
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1. Given Name (First Name)  
Rameshwar

2. Surname (Last Name)  
Rao

3. Date  
03-June-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Dr. Michelle S. Caird

5. Manuscript Title  
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Dr. Rao has nothing to disclose.

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