

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.

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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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

Anderson 1



Section 1.	Identifying Inform	nation					
1. Given Name (Fi Richard	rst Name)	2. Surname (Last Name) Anderson	3. Date 30-December-2016				
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Michael Vitale				
5. Manuscript Title Team Approach:		te Infections in Pediatric So	coliosis Surgery				
6. Manuscript Ider	ntifying Number (if you kr	now it)					
Section 2.	The Work Under Co	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							
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Section 4.	Intellectual Proper	rty Patents & Copyrig	yhts				
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Anderson 2



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Dr. Anderson has nothing to disclose.

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Anderson 3



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McLeod 1



Section 1.	Identifying Inform	nation				
1. Given Name (Fil	rst Name)	2. Surname (Last Name) McLeod	3. Date 28-November-2016			
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Michael Vitale, MD			
5. Manuscript Title Team Approach		ite Infections in Pediatric S	coliosis Surgery			
6. Manuscript Ider	ntifying Number (if you kr	now it)				
			-			
Section 2.	The Work Under Co	onsideration for Public	tation			
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Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No			

McLeod 2



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

Wang 1



Section 1.	dentifying Informa	ation				
1. Given Name (First Kevin	Name)	2. Surname (Last Name) Wang	3. Date 11-May-2017			
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Michael Vitale, MD			
5. Manuscript Title Team Approach: P	reventing Surgical Sit	e Infections in Pediatric S	Scoliosis Surgery			
6. Manuscript Identif	fying Number (if you kno	ow it)				
Section 2.	he Work Under Co	nsideration for Publi	cation			
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Do you have any pa	atents, whether plann	ed, pending or issued, b	roadly relevant to the work? Yes V No			

Wang 2



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Crotty 1



Section 1.	Identifying Inform	nation					
1. Given Name (Fir Jennifer	st Name)	2. Surname (Last Name) Crotty	3. Date 17-May-2017				
4. Are you the corr	esponding author?	Yes ✓ No	Corresponding Author's Name Michael Vitale, MD				
5. Manuscript Title Team Approach:		te Infections in Pediatric S	coliosis Surgery				
6. Manuscript Iden	ntifying Number (if you kr	now it)					
Section 2.	The Work Under Co	onsideration for Public	cation				
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Do you have any	patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V No				

Crotty 2



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Hope 1



Section 1.	Identifying Inform	nation					
1. Given Name (Fi	rst Name)	2. Surname (Last Name) Hope	3. Date 13-May-2017				
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Michael Vitale, MD				
5. Manuscript Title Team Approach		ite Infections in Pediatric S	coliosis Surgery				
6. Manuscript Ider	ntifying Number (if you kr	now it)					
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Hope 2



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Section 1. Identifying Information								
1. Given Name (First Name) Michael	2. Surnar Vitale	ne (Last Nar	ne)		3. Date 22-November-2016			
4. Are you the corresponding author? Yes Yes William Stuart Mackenzie,MD								
5. Manuscript Title Team Approach: Preventing Surgical Site Infections in Pediatric Scoliosis Surgery								
6. Manuscript Identifying Number (if you kno	6. Manuscript Identifying Number (if you know it)							
Section 2. The Work Under Co	nsiderat	tion for P	ublication					
Did you or your institution at any time received any aspect of the submitted work (including statistical analysis, etc.)?						:.) for		
Are there any relevant conflicts of interes	st?	∕es ✓	No					
Section 2								
Section 3. Relevant financial activities outside the submitted work.								
Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication .								
Are there any relevant conflicts of interes			No					
If yes, please fill out the appropriate info	rmation b	elow.						
Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments			
Biomet				✓	Royalties, paid consultant, research support			
Children's Spine Study Group	✓				Research Support			
DePuy				✓	Other financial and material support			
Medtronic				✓	Paid Consultant			
OMEGA	✓				Divisional support (medical education grant)			
POSNA				✓	Board/Committee Member, Research Support			



Name of Entity	Grant? Persona	Non-Financial	Other?	Comments		
SRS	✓			Research Support		
Stryker			√	Paid Consultant		
Synthes			√	Other material or financial support		
Wellinks			✓	Unpaid Consultant		
Section 4. Intellectual Propert Do you have any patents, whether planne	*	., .	nt to the	work? ☐ Yes 📝 No		
Section 5. Relationships not co	overed above					
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?						
Yes, the following relationships/cond	itions/circumstand	es are present (ex	plain belo	ow):		
No other relationships/conditions/circumstances that present a potential conflict of interest						
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Section 6. Disclosure Statemen	nt					
Based on the above disclosures, this form below.	n will automatically	generate a disclo	sure state	ement, which will appear in the box		
Dr. Vitale reports other from Biomet, grangrants from OMEGA, other from POSNA, outside the submitted work; .			•	• • • • • • • • • • • • • • • • • • • •		



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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

Imahiyerobo 1



Section 1.	Identifying Information				
Given Name (First Name) Thomas		2. Surname (Last Name) Imahiyerobo	3. Date 16-May-2017		
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Michael Vitale		
5. Manuscript Title Team Approach: Preventing Surgical Site Infections in Pediatric Sc		te Infections in Pediatric So	coliosis Surgery		
6. Manuscript Ider	ntifying Number (if you kr	now it)			
			-		
Section 2.	The Work Under Co	onsideration for Public	ation		
any aspect of the s statistical analysis,	ubmitted work (including	g 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 financial	activities outside the s	ubmitted work.		
of compensation clicking the "Add) with entities as descri	ibed in the instructions. Us port 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.		
	I				
Section 4.	Intellectual Prope	rty Patents & Copyric	phts		
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No		

Imahiyerobo 2



Section 5. Relationships not covered above
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Section 6. Disclosure Statement
Disclosure Statement
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Dr. Imahiyerobo has nothing to disclose.

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

Ko 1



Section 1.	Identifying Inform	ation		
1. Given Name (Fir Riva	rst Name)	2. Surname (Last Name) Ko	3. Date 20-May-2017	
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Michael Vitale, MD	
5. Manuscript Title Team Approach: Preventing Surgical Site Infections in Pediatric Sc		te Infections in Pediatric S	coliosis Surgery	
6. Manuscript Ider	ntifying Number (if you kr	now it)		
			-	
Section 2.	The Work Under Co	onsideration for Public	ation	
any aspect of the si statistical analysis,	ubmitted work (including	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 financial	activities outside the s	ubmitted work.	
Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication . Are there any relevant conflicts of interest? Yes Vo				
Section 4.	Intellectual Proper	ty Patents & Copyrig	yhts	
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo				

Ко 2



Section 5. Relation			
Relations	ships not covered above		
	or activities that readers could perceive to have influenced, or that give the appearance of you wrote in the submitted work?		
Yes, the following relationships/conditions/circumstances are present (explain below):			
✓ No other relationships/co	onditions/circumstances that present a potential conflict of interest		
•	ceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements k authors to disclose further information about reported relationships.		
Section 6. Disclosur	e Statement		
Based on the above disclosur below.	res, this form will automatically generate a disclosure statement, which will appear in the box		
Dr. Ko has nothing to disclos	e.		

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

Mackenzie 1



Section 1. Identifyi	ng Information			
1. Given Name (First Name) W.G. Stuart	2. Surname (Last Name) Mackenzie	3. Date 30-November-2016		
4. Are you the corresponding a	uthor? Yes 🗸 No	Corresponding Author's Name Michael Vitale, MD		
5. Manuscript Title Team Approach: Preventing Surgical Site Infections in Pediatric So		coliosis Surgery		
6. Manuscript Identifying Numb	per (if you know it)			
		-		
Section 2. The Work Under Consideration for Publication				
	k (including but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,		
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Section 4. Intellectu	al Durantus Datasta 0 C			
Intellectu	al Property Patents & Copyric	ints —		
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo				

Mackenzie 2



Section 5. Relationships not severed above
Relationships not covered above
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Saiman 1



Identifying Information

Section 1.

Lisa

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Saiman

2. Surname (Last Name)

3. Date

09-December-2016

4. Are you the corresponding author?	Yes	✓ No	Correspond Michael G	_	
5. Manuscript Title Team Approach: Preventing Surgical Site	e Infectior	ns in Pediat	ric Scoliosis Surg	ery	
6. Manuscript Identifying Number (if you kno	ow it)				
Section 2. The Work Under Co	nsiderat	tion for Pu	ublication		
Did you or your institution at any time received any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of interest	but not lim	nited to gran			
Section 3. Relevant financial a	ctivities	outside t	the submitted	work.	
Place a check in the appropriate boxes ir of compensation) with entities as describ clicking the "Add +" box. You should rep Are there any relevant conflicts of interest If yes, please fill out the appropriate info	oed in the ort relationst?	instruction onships that Yes [] [ns. Use one line fo	or each ei	ntity; add as many lines as you need by
Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Centers for Disease Control and Prevention	✓				
Cystic Fibrosis Foundation	✓				
NIH	✓				
AHRQ	✓				
Merck				✓	Scientific Advisory Board - CF related
Gilead				\checkmark	Scientific Advisory Board - CF related
AB Comm, Inc.				✓	Grand Rounds - CF
Teva				\checkmark	Scientific Advisory Board - CF related

Saiman 2



Soutien A
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Dr. Saiman reports grants from Centers for Disease Control and Prevention, grants from Cystic Fibrosis Foundation, grants from NIH, grants from AHRQ, other from Merck, other from Gilead, other from AB Comm, Inc., other from Teva, outside the submitted work; .

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