ICMJE DISCLOSURE FORM

Date: 8-30-2021
Your Name: Michael J. Conklin MD
Manuscript Title: Team Approach: The Management of Adolescent and Adult Individuals with Scoliosis and Spina Bifida
Manuscript number (if known):

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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		Time frame: Since the initial planning of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) **No time limit for this item.**	✓ None	
		Time frame: past 36 months	
2	Grants or contracts from any entity (if not indicated in item #1 above).	✓ None	
3	Royalties or licenses	✓ None	
4	Consulting fees	✓ None	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	✓ None	
6	Payment for expert testimony	___ None Yes	
7	Support for attending meetings and/or travel	✓ None	
8	Patents planned, issued or pending	✓ None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	___ None Yes	CDC - SPINA Bifida Database - unpaid (NSBPR)
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None Yes	CDC - NSBPR - Committe for science and publication
11	Stock or stock options	✓ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	✓ None	
13	Other financial or non-financial interests	✓ None	

Please place an "X" next to the following statement to indicate your agreement:

✓ **I certify that I have answered every question and have not altered the wording of any of the questions on this form.**