

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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

### Section 1. Identifying Information

1. Given Name (First Name)  
Fabio

2. Surname (Last Name)  
Zaina

3. Date  
19-March-2020

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

5. Manuscript Title  
Adult deformity and implications for treatment

6. Manuscript Identifying Number (if you know it)  
ATM-2019-217

### 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

### 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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Dr. Zaina 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) Francesca	2. Surname (Last Name) Di Felice	3. Date 19-March-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Fabio Zaina
5. Manuscript Title Adult deformity and implications for treatment		
6. Manuscript Identifying Number (if you know it) ATM-2019-217(E19121156-30801373-YCL)		

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

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Di Felice has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Sabrina

2. Surname (Last Name)  
Donzelli

3. Date  
19-March-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

5. Manuscript Title  
Manuscript Title: Adult deformity and implications for treatment

6. Manuscript Identifying Number (if you know it)

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Dr. Donzelli has nothing to disclose.Dr. Donzelli has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) Stefano	2. Surname (Last Name) Negrini	3. Date 19-March-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Fabio Zaina
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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
ISICO Italian Scientific Spine Institute	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stock

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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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Dr. Negrini reports other from ISICO Italian Scientific Spine Institute, outside the submitted work; .

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