

ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

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.

5. Relationships not covered above.

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

| | | |
|---|---|---|
| 1. Given Name (First Name) Cathriona | 2. Surname (Last Name) Clarke | 3. Date 23-March-2020 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Vicki Anderson |
| 5. Manuscript Title Child concussion recognition and recovery: a community delivered, evidenced-based solution | | |
| 6. Manuscript Identifying Number (if you know it) ATM-19-3972 | | |

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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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 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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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. Clarke 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)
Vicki

2. Surname (Last Name)
Anderson

3. Date
23-March-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Child concussion recognition and recovery: a community delivered, evidenced-based solution

6. Manuscript Identifying Number (if you know it)
ATM-19-3972

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

| Name of Institution/Company | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|--------------------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|----------------------------------|
| Australian Football League | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | shared costs of App development |
| Royal Children's Hospital Foundation | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | grant to support app development |

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Dr. Anderson reports other from Australian Football League, grants from Royal Children's Hospital Foundation, during the conduct of the study; .

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Section 1. Identifying Information

| | | |
|--|---|---|
| 1. Given Name (First Name) Franz | 2. Surname (Last Name) Babl | 3. Date 22-March-2020 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Vicki Anderson |
| 5. Manuscript Title Child concussion recognition and recovery: a community delivered, evidence-based solution | | |
| 6. Manuscript Identifying Number (if you know it) | | |

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Dr. Babl 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) Vanessa 2. Surname (Last Name) Rausa 3. Date 29-March-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name
Prof Vicki Anderson

5. Manuscript Title
Child concussion recognition and recovery: a community delivered, evidenced-based solution

6. Manuscript Identifying Number (if you know it)
ATM-19-3972

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Are there any relevant conflicts of interest? Yes No

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| Name of Institution/Company | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|--|-------------------------------------|--------------------------|--------------------------|-------------------------------------|---------------------------------|
| Australian Football League | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Shared costs of app development |
| The Royal Children's Hospital Foundation | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

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Dr. Rausa reports other from Australian Football League, grants from The Royal Children's Hospital Foundation, during the conduct of the study; .

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| | | |
|---|---|---|
| 1. Given Name (First Name) Gavin | 2. Surname (Last Name) Davis | 3. Date 22-March-2020 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Vicki Anderson |
| 5. Manuscript Title Child concussion recognition and recovery: a community delivered, evidence-based solution. | | |
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he is a member of AFL Concussion Working Group

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Dr. Davis reports and he is a member of AFL Concussion Working Group.

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4. Intellectual Property.

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

5. Relationships not covered above.

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

| | | |
|---|---|--|
| 1. Given Name (First Name) Peter | 2. Surname (Last Name) Barnett | 3. Date 27-March-2020 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Prof Vicki Anderson |
| 5. Manuscript Title Child concussion recognition and recovery: a community delivered, evidenced-based solution | | |
| 6. Manuscript Identifying Number (if you know it) ATM-19-3972 | | |

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

Section 3. Relevant financial activities outside the submitted work.

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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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. Barnett has nothing to disclose.

Evaluation and Feedback

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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)

Alison

2. Surname (Last Name)

Crichton

3. Date

09-June-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Vicki Anderson

5. Manuscript Title

Child concussion recognition and recovery: a community delivered, evidenced-based solution

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

Section 3. Relevant financial activities outside the submitted work.

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Dr. Crichton has nothing to disclose.

Evaluation and Feedback

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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) Michael | 2. Surname (Last Name) Takagi | 3. Date 01-April-2020 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Prof Vicki Anderson |
| 5. Manuscript Title Child concussion recognition and recovery: a community delivered, evidenced-based solution | | |
| 6. Manuscript Identifying Number (if you know it) ATM-19-3972 | | |

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

Section 3. Relevant financial activities outside the submitted work.

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Takagi has nothing to disclose.

Evaluation and Feedback

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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) Stephen | 2. Surname (Last Name) Hearps | 3. Date 22-March-2020 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Vicki Anderson |
| 5. Manuscript Title Child concussion recognition and recovery: a community delivered, evidence-based solution | | |
| 6. Manuscript Identifying Number (if you know it) ATM-19-3972 | | |

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

Section 3. Relevant financial activities outside the submitted work.

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

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Mr. Hearps 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)

Katie

2. Surname (Last Name)

Davies

3. Date

22-March-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Vicki Anderson

5. Manuscript Title

Child concussion recognition and recovery: a community delivered, evidence-based solution

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?

Yes

No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?

Yes

No

Section 4. Intellectual Property -- Patents & Copyrights

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Yes

No

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Davies 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)

Audrey

2. Surname (Last Name)

McKinlay

3. Date

21-May-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Prof Vicki Anderson

5. Manuscript Title

Child concussion recognition and recovery: a community delivered, evidenced-based solution

6. Manuscript Identifying Number (if you know it)

ATM-19-3972

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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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered 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?

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Section 6. Disclosure Statement

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Dr. McKinlay has nothing to disclose.

Evaluation and Feedback

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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) Nicholas 2. Surname (Last Name) Anderson 3. Date 29-March-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name Vicki Anderson

5. Manuscript Title Child concussion recognition and recovery: a community delivered, evidence-based solution

6. Manuscript Identifying Number (if you know it) ATM-19-3972

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

| Name of Institution/Company | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|--|-------------------------------------|--------------------------|--------------------------|-------------------------------------|---------------------------------|
| Australian Football League | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Shared costs of app development |
| The Royal Children's Hospital Foundation | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

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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. Anderson reports other from Australian Football League, grants from The Royal Children's Hospital Foundation, during the conduct of the study; .

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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) Vivian | 2. Surname (Last Name) Kwan | 3. Date 22-March-2020 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Prof Vicki Anderson |
| 5. Manuscript Title Child concussion recognition and recovery: a community delivered, evidence-based solution | | |
| 6. Manuscript Identifying Number (if you know it) ATM-19-3972 | | |

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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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Kwan has nothing to disclose.

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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)

Sanji

2. Surname (Last Name)

Kanagalingam

3. Date

01-April-2020

4. Are you the corresponding author?

Yes

No

Corresponding Author's Name

Prof Vicki Anderson

5. Manuscript Title

Child concussion recognition and recovery: a community delivered, evidenced-based solution

6. Manuscript Identifying Number (if you know it)

ATM-19-3972

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

Section 3. Relevant financial activities outside the submitted work.

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Mr. Kanagalingam 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) Gabriela | 2. Surname (Last Name) Ceregra | 3. Date 27-March-2020 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Prof Vicki Anderson |
| 5. Manuscript Title Child concussion recognition and recovery: a community delivered, evidenced-based solution | | |
| 6. Manuscript Identifying Number (if you know it) ATM-19-3972 | | |

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

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Ms. Ceregra 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) Anita | 2. Surname (Last Name) Petris | 3. Date 14-April-2020 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Prof Vicki Anderson |
| 5. Manuscript Title Child concussion recognition and recovery: a community delivered, evidenced-based solution | | |
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Dr. Petris reports other from Australian Football League, grants from The Royal Children's Hospital Foundation, during the conduct of the study; .

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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".

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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4. Intellectual Property.

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

5. Relationships not covered above.

Use this section to report 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.

Definitions.

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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

| | | |
|---|---|---|
| 1. Given Name (First Name) Simone | 2. Surname (Last Name) Darling | 3. Date 23-March-2020 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Vicki Anderson |
| 5. Manuscript Title Child concussion recognition and recovery: a community delivered, evidenced-based solution | | |
| 6. Manuscript Identifying Number (if you know it) ATM-19-3972 | | |

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

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 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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered 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/conditions/circumstances are present (explain below):
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At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

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. Darling has nothing to disclose.

Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.

ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

1. Identifying information.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

| | | |
|--|---|---|
| 1. Given Name (First Name) Patrick | 2. Surname (Last Name) Clifton | 3. Date 24-March-2020 |
| 4. Are you the corresponding author? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Corresponding Author's Name Vicki Anderson |
| 5. Manuscript Title Child concussion recognition and recovery: a community delivered, evidence-based solution | | |
| 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

Section 3. Relevant financial activities outside the submitted work.

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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 |
|----------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------|
| Australian Football League | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Full-time employee |

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Dr. Clifton reports other from Australian Football League, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Peter

2. Surname (Last Name)
Harcourt

3. Date

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Prof Vicki Anderson

5. Manuscript Title
Child concussion recognition and recovery: a community delivered, evidenced-based solution

6. Manuscript Identifying Number (if you know it)
ATM-19-3972

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

| Name of Institution/Company | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|-----------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|----------|
| Employed by AFL | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |

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Are there any relevant conflicts of interest? Yes No

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| Name of Entity | Grant? | Personal Fees? | Non-Financial Support? | Other? | Comments |
|----------------|--------------------------|--------------------------|--------------------------|-------------------------------------|----------|
| AFL A/A | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |

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Dr. Harcourt reports other from Employed by AFL, during the conduct of the study; other from AFL A/A, outside the submitted work; .

Evaluation and Feedback

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