Date:		6/17/2021		
Your Name:		Shu-Man Han		
Manuscript Title:		Morphology and deformity of shoulder and pelvis in adolescent idiopathic scoliosis		
Manuscript Number (if	Manuscript Number (if known): Click or tap here to enter text.			
content of your manus	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.			
	ension, yo	·	ample, if your manuscript pertains to the cturers of antihypertensive medication, even if	
In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.				
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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	[⊠] None	
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	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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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	
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Date:	6/17/2021	
Your Name:	[Chen Yang]	
Manuscript Title:	Morphology and deformity of shoulder and pelvis in adolescent idiopathic scoliosis	
Manuscript Number (if known):	Click or tap here to enter text.	
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	contracts from any entity (if not indicated in item #1 above).		
3	Royalties or licenses	None	

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13	Other financial or non-financial interests	[⊠] None	
Plea 🖂	-	to the following statement to indicate your agreement answered every question and have not altered the wor	

Date	e:	6/17/2021		
You	r Name:	Jin-Xu Wen		
Mar	nuscript Title:	Morphology and deformity of should scoliosis	Morphology and deformity of shoulder and pelvis in adolescent idiopathic scoliosis	
Mar	Manuscript Number (if known): Click or tap here to enter text.			
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Date:	6/17/2021	
Your Name:	[Lei Cao]	
Manuscript Title:	Morphology and deformity of shoulder and pelvis in adolescent idiopathic scoliosis	
Manuscript Number (if known):	Click or tap here to enter text.	
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13	Other financial or non-financial interests	[⊠] None	
Plea 🖂	-	to the following statement to indicate your agreement answered every question and have not altered the wor	

Dat	e:	6/17/2021	
You	r Name:	Hui-Zhao Wu	
Ma	nuscript Title:	Morphology and deformity of should scoliosis	er and pelvis in adolescent idiopathic
Ma	nuscript Number (if kr	nown): Click or tap here to enter text.	
con affe indi The epid	tent of your manuscrip ected by the content of cate a bias. If you are author's relationships demiology of hyperten	rency, we ask you to disclose all relationships/activitie ipt. "Related" means any relation with for-profit or no of the manuscript. Disclosure represents a commitmer in doubt about whether to list a relationship/activity/ss/activities/interests should be defined broadly. For ension, you should declare all relationships with manufacentioned in the manuscript.	t-for-profit third parties whose interests may be it to transparency and does not necessarily (interest, it is preferable that you do so. xample, if your manuscript pertains to the
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13	Other financial or non-financial interests	[⊠] None	
Plea 🖂	-	to the following statement to indicate your agreement answered every question and have not altered the wor	

Dat	e:		6/17/2021	
You	ır Name:		WEN-JUAN WU	
Ma	nuscript Title:		[Morphology and deformity of shoulded scoliosis]	er and pelvis in adolescent idiopathic
Ma	nuscript Number (if k	(nown):	Click or tap here to enter text.	
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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing		None	Click the tab key to add additional rows.
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13	Other financial or non-financial interests	[⊠] None	
Plea 🖂	-	to the following statement to indicate your agreement answered every question and have not altered the wor	

Dat	e:		6/17/2021		
You	r Name:		[Hui-Hui Yang]		
Manuscript Title:			Morphology and deformity of shoulder and pelvis in adolescent idiopathic scoliosis		
Mai	nuscript Number (if kn	nown):	Click or tap here to enter text.		
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Dat	e:		6/17/2021	
You	ır Name:		[Hong-Yu Zhao]	
Ma	nuscript Title:		[Morphology and deformity of should scoliosis]	er and pelvis in adolescent idiopathic
Ma	nuscript Number (if kr	nown):	Click or tap here to enter text.	
con affe	tent of your manuscripected by the content o	pt. "Rela f the ma		
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13	Other financial or non-financial interests	[⊠] None	
Plea 🖂	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.		

Date:	6/17/2021	
Your Name:	[Lin-Lin Chen]	
Manuscript Title: Morphology and deformity of shoulder and pelvis in adolescent idiopath scoliosis		
Manuscript Number (if known):	Manuscript Number (if known): Click or tap here to enter text.	
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	ICMIJE DISCLOSURE FORIM	
Date:	6/17/2021	
Your Name:	Nuan-Nuan Li	
Manuscript Title:	Morphology and deformity of shoulder and pelvis in adolescent idiopathic scoliosis	
Manuscript Number (if known):	Click or tap here to enter text.	
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		1011112 21002000112 1 0		
Date:		6/17/2021		
Your Name:		Bao-Hai Yu		
Manuscript Title:		Morphology and deformity of should scoliosis	der and pelvis in adolescent idiopathic	
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2	Grants or contracts from any entity (if not indicated in item #1 above).	[⊠] None	
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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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	
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	
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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	
Plea 🖂	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.		

Date:	6/17/2021
Your Name:	Bu-Lang Gao
Manuscript Title:	[Morphology and deformity of shoulder and pelvis in adolescent idiopathic scoliosis]
Manuscript Number (if known):	Click or tap here to enter text.

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Date:	6/17/2021		
Your Name:	[Tian-Hao Wu]		
Manuscript Title: [Morphology and deformity of shoulder and pelvis in adolescent idio scoliosis]			
Manuscript Number (if known):	Click or tap here to enter text.		
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Date:	6/17/2021		
Your Name:	Zhe Guo		
Manuscript Title:	Morphology and deformity of shoulder and pelvis in adolescent idiopathic scoliosis		
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