

ICMJE DISCLOSURE FORM

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 known): [Click or tap here to enter text.]

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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13	Other financial or non-financial interests	<input checked="" type="checkbox"/> 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.

ICMJE DISCLOSURE FORM

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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ICMJE DISCLOSURE FORM

Date: 6/17/2021

Your Name: [Jin-Xu Wen]

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: [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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Date: 6/17/2021

Your Name: Hui-Zhao Wu

Manuscript Title: Morphology and deformity of shoulder and pelvis in adolescent idiopathic scoliosis

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> 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.

ICMJE DISCLOSURE FORM

Date: 6/17/2021

Your Name: [WEN-JUAN WU]

Manuscript Title: [Morphology and deformity of shoulder and pelvis in adolescent idiopathic scoliosis]

Manuscript Number (if known): [Click or tap here to enter text.]

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

ICMJE DISCLOSURE FORM

Date: 6/17/2021

Your Name: [Hui-Hui 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.]

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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ICMJE DISCLOSURE FORM

Date: 6/17/2021

Your Name: [Hong-Yu Zhao]

Manuscript Title: [Morphology and deformity of shoulder and pelvis in adolescent idiopathic scoliosis]

Manuscript Number (if known): [Click or tap here to enter text.]

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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ICMJE DISCLOSURE FORM

Date: 6/17/2021

Your Name: [Lin-Lin Chen]

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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ICMJE DISCLOSURE FORM

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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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.

ICMJE DISCLOSURE FORM

Date: 6/17/2021

Your Name: [Bao-Hai Yu]

Manuscript Title: [Morphology and deformity of shoulder and pelvis in adolescent idiopathic scoliosis]

Manuscript Number (if known): [Click or tap here to enter text.]

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.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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ICMJE DISCLOSURE 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]

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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ICMJE DISCLOSURE FORM

Date: 6/17/2021

Your Name: [Tian-Hao Wu]

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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ICMJE DISCLOSURE FORM

Date: 6/17/2021

Your Name: [Zhe Guo]

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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9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									

		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)
11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> 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.