

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Naeil	2. Surname (Last Name) Lotfi	3. Date 28-June-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Mr. Adrian Gardner
5. Manuscript Title The relationship between measures of spinal deformity and measures of thoracic trunk rotation		
6. Manuscript Identifying Number (if you know it)		

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Dr. Lotfi 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)

Govind

2. Surname (Last Name)

Chauhan

3. Date

23-June-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Adrian Gardner

5. Manuscript Title

The relationship between measures of spinal deformity and measures of thoracic trunk rotation

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Chauhan 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) Adrian	2. Surname (Last Name) Gardner	3. Date 23-June-2020
4. Are you the corresponding author? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
5. Manuscript Title The relationship between measures of spinal deformity and measures of thoracic trunk rotation		
6. Manuscript Identifying Number (if you know it) _____		

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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
Birmingham Orthopaedic Charity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Gardner reports grants from Birmingham Orthopaedic Charity, during the conduct of the study; .

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Section 1. Identifying Information

1. Given Name (First Name)

Fiona

2. Surname (Last Name)

Berryman

3. Date

27-June-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Naeil LOTFI

5. Manuscript Title

The relationship between measures of spinal deformity and measures of thoracic trunk rotation

6. Manuscript Identifying Number (if you know it)

JSS-20-562

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Dr. Berryman has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Paul

2. Surname (Last Name)

Pynsent

3. Date

28-June-2020

4. Are you the corresponding author?

Yes No

Corresponding Author's Name

Adrian Gardner

5. Manuscript Title

The relationship between measures of spinal deformity and measures of thoracic trunk rotation

6. Manuscript Identifying Number (if you know it)

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