

ICMJE DISCLOSURE FORM

Date: 2/23/2022

Your Name: [William McLaughlin]

Manuscript Title: [Three-Dimensional Printing versus Freehand Surgical Techniques in the Surgical Management of Adolescent Idiopathic Spinal Deformity]

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.

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.

	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)						
Time frame: Since the initial planning of the work								
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%; height: 20px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td style="text-align: right; font-size: small;">Click the tab key to add additional rows.</td></tr> </table>						Click the tab key to add additional rows.
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3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%; height: 20px;"></td><td style="width: 40%;"></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>						

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4	Consulting fees	<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>							
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>							
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>							
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>							
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></table>							
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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.

ICMJE DISCLOSURE FORM

Date: 2/23/2022

Your Name: [Claire Donnelley]

Manuscript Title: [Three-Dimensional Printing versus Freehand Surgical Techniques in the Surgical Management of Adolescent Idiopathic Spinal Deformity]

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

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4	Consulting fees	<input checked="" type="checkbox"/> None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
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ICMJE DISCLOSURE FORM

Date: 2/23/2022

Your Name: [Kristin Yu]

Manuscript Title: [Three-Dimensional Printing versus Freehand Surgical Techniques in the Surgical Management of Adolescent Idiopathic Spinal Deformity]

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

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ICMJE DISCLOSURE FORM

Date: 2/23/2022

Your Name: [Stephen M. Gillinov]

Manuscript Title: [Three-Dimensional Printing versus Freehand Surgical Techniques in the Surgical Management of Adolescent Idiopathic Spinal Deformity]

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

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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: May 21, 2022

Your Name: Dominick Tuason

Manuscript Title: Three-Dimensional Printing versus Freehand Surgical Techniques in the Surgical Management of Adolescent Idiopathic Spinal Deformity

Manuscript number (if known):

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The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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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3	Royalties or licenses	<input checked="" type="checkbox"/> None	

4	Consulting fees	Depuy Synthes (DAT)	Dr. Tuason is a consultant for Depuy Synthes.
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	OrthoPediatics (DAT)	Dr. Tuason receives money for lectures and teaching from OrthoPediatics
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	Scoliosis Research Society (DAT).	Dr. Tuason serves on the quality safety and value committee for the Scoliosis Research Society (SRS).
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	Pediatric Orthopaedic Society of North America (POSNA)	Dr. Tuason serves on the wellness committee for the Pediatric Orthopaedic Society of North America (POSNA).
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 summarize the above conflict of interest in the following box:

Dr. Dominick A. Tuason serves on the wellness committee for the Pediatric Orthopaedic Society of North America (POSNA) and the quality safety and value committee for the Scoliosis Research Society (SRS). Dr. Tuason also receives money for lectures and teaching from OrthoPediatics and is a consultant for Depuy Synthes. The other authors have no conflicts of interest to declare.

Please place an "X" next to the following statement to indicate your agreement:

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