## ICMJE DISCLOSURE FORM

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<b>Date</b> : 9. august 2021			
Your name: Charlott	te Sommer Meyer		
Manuscript title: Hospital	A decade with magnetically controlled growing rods in EOS patients at Aalborg University		
Manuscript number (if known):			

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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2			<b>⊠</b> None	
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	Grants or contracts from any entity (if not indicated in item #1 above).		
3	Royalties or licenses	⊠ None	
4	Consulting fees		
г	Dayment or beneraria for	N. N	
5	Payment or honoraria for	<b>⊠</b> None	
	lectures, presentations, speakers bureaus,		
	manuscript writing or educational events		
	educational events		
6	Payment for expert	<b>⊠</b> None	
	testimony	Z None	
	testimon,		
7	Support for attending	<b>⊠</b> None	
	meetings and/or travel		
8	Patents planned, issued or	⊠ None	
	pending		
	Boutisiastian and Bata	<b>5</b> 2.0	
9	Participation on a Data Safety Monitoring Board	<b>☑</b> None	
	or Advisory Board		
	or Advisory Board		
10	Leadership or fiduciary	<b>⋈</b> None	
	role in other board,		
	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	☑ None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	M Nama	
13	financial interests	<b>⊠</b> None	
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Date:	9. augus	t 2021
Your na	ame:	Søren Eiskjær
<b>Manus</b> Hospital	cript titl	A decade with magnetically controlled growing rods in EOS patients at Aalborg University
Manus	cript nui	nber (if known):

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2		<b>⊠</b> None		

	Grants or contracts from any entity (if not indicated in item #1 above).		
3	Royalties or licenses	⊠ None	
	Noyunes of ficerises	⊠ None	
4	Consulting fees	None	
5	Payment or honoraria for	☐ None	
	lectures, presentations, speakers bureaus,	Medtronic	Payment for Webinar on Spinal Deformity cases – individual payment.
	manuscript writing or educational events		
	Cadcational events		
6	Payment for expert	<b>⊠</b> None	
	testimony		
7	Support for attending meetings and/or travel	⊠ None	
	and an an area		
		<b>—</b>	
8	Patents planned, issued or pending	<b>⊠</b> None	
	pending		
9	Participation on a Data	☐ None	
	Safety Monitoring Board	Orthofix	Advisory board FITspine device – individual payment.
	or Advisory Board		
10	Leadership or fiduciary	<b>⊠</b> None	
	role in other board,	·	
	society, committee or		
	advocacy group, paid or unpaid		
	anpula		
11	Stock or stock options	<b>⊠</b> None	
12	Receipt of equipment,	<b>⊠</b> None	
	materials, drugs, medical		
	1		
	writing, gifts or other		
	writing, gifts or other services		
12	services	⊠ None	
13		⊠ None	

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Date: 9. august 2021	
Your name: Kreste	n Rickers
Manuscript title: Hospital	A decade with magnetically controlled growing rods in EOS patients at Aalborg University
Manuscript number (	if known):

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Time frame: nast 26 months

	Grants or contracts from any entity (if not indicated in item #1 above).	
3	Royalties or licenses	None
4	Consulting fees	⊠ None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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 None
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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