

ICMJE DISCLOSURE FORM

Date: 6/8/2023

Your Name: Emma Hvidberg

Manuscript Title: Morphology of the knee after guided growth with tension-band devices. A multicenter study of 222 limbs and 285 implants

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.

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%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <div style="text-align: right; font-size: small; color: gray;">Click the tab key to add additional rows.</div>						
Time frame: past 36 months								
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4	Consulting fees	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%;"></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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ICMJE DISCLOSURE FORM

Date: 6/8/2023

Your Name: Carina Antfang

Manuscript Title: Morphology of the knee after guided growth with tension-band devices. A multicenter study of 222 limbs and 285 implants

Manuscript Number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 6/8/2023

Your Name: Georg Gosheger

Manuscript Title: Morphology of the knee after guided growth with tension-band devices. A multicenter study of 222 limbs and 285 implants

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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ICMJE DISCLOSURE FORM

Date: 6/12/2023

Your Name: Bjoern Vogt

Manuscript Title: Morphology of the knee after guided growth with tension-band devices. A multicenter study of 222 limbs and 285 implants

Manuscript Number (if known): _____

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		NuVasive Specialized Orthopedics	OrthoPediatrics
		Smith+Nephew	BioMarin
		Orthofix	Kyowa Kirin
		Merete	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		NuVasive Specialized Orthopedics	OrthoPediatrics
		Smith+Nephew	BioMarin
		Orthofix	Kyowa Kirin
		Merete	
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	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> None	
		President of the German Limb Lengthening and Reconstruction Society (German LLRS)	

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ICMJE DISCLOSURE FORM

Date: 6/8/2023

Your Name: Ahmed Abood

Manuscript Title: Morphology of the knee after guided growth with tension-band devices. A multicenter study of 222 limbs and 285 implants

Manuscript Number (if known): _____

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Date: 6/8/2023

Your Name: Alexander Pedro

Manuscript Title: Morphology of the knee after guided growth with tension-band devices. A multicenter study of 222 limbs and 285 implants

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.

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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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: 6/8/2023

Your Name: Adrien Frommer

Manuscript Title: Morphology of the knee after guided growth with tension-band devices. A multicenter study of 222 limbs and 285 implants

Manuscript Number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 6/8/2023

Your Name: Maria Møller-Madsen

Manuscript Title: Morphology of the knee after guided growth with tension-band devices. A multicenter study of 222 limbs and 285 implants

Manuscript Number (if known): _____

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ICMJE DISCLOSURE FORM

Date: 6/8/2023

Your Name: Robert Rödl

Manuscript Title: Morphology of the knee after guided growth with tension-band devices. A multicenter study of 222 limbs and 285 implants

Manuscript Number (if known): _____

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Date: 6/8/2023

Your Name: Bjarne Møller-Madsen

Manuscript Title: Morphology of the knee after guided growth with tension-band devices. A multicenter study of 222 limbs and 285 implants

Manuscript Number (if known): _____

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12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>							

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: 6/8/2023

Your Name: Jan Duedal Rölfing

Manuscript Title: Morphology of the knee after guided growth with tension-band devices. A multicenter study of 222 limbs and 285 implants

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.

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%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <div style="text-align: right; font-size: small; color: gray;">Click the tab key to add additional rows.</div>						
Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; height: 40px; margin-top: 5px;"> <tr><td style="width: 60%;"></td><td style="width: 40%;"></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
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