

ICMJE DISCLOSURE FORM

Date: 4/21/2025

Your Name: Johan von Heideken

Manuscript Title: The risk of complications in elective orthopedic surgeries in children and young adults with cerebral palsy: A population-based register study

Manuscript Number (if known): AO-2025-51/R1 RESUBMISSION

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									
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Time frame: past 36 months									
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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: 4/22/2025

Your Name: Anna Telléus

Manuscript Title: The risk of complications in elective orthopedic surgeries in children and young adults with cerebral palsy: A populations-based register study

Manuscript Number (if known): AO-2025-51/R1 RESUBMISSION

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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: 4/22/2025

Your Name: Fredrik Granath

Manuscript Title: The risk of complications in elective orthopedic surgeries in children and young adults with cerebral palsy: A population-based register study

Manuscript Number (if known): AO-2025-51/R1 RESUBMISSION

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		<input type="text"/>	<input type="text"/>
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		<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>

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

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ICMJE DISCLOSURE FORM

Date: 4/20/2025

Your Name: Gunnar Hägglund

Manuscript Title: The risk of complications in elective orthopedic surgeries in children and young adults with cerebral palsy: A population-based register study

Manuscript Number (if known): AO-2025-51

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: 4/21/2025

Your Name: Per Åstrand

Manuscript Title: The risk of complications in elective orthopedic surgeries in children and young adults with cerebral palsy: A population-based register study

Manuscript Number (if known): AO-2025-51/R1 RESUBMISSION - (18285)

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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: 4/22/2025

Your Name: Eva Broström

Manuscript Title: The risk of complications in elective orthopedic surgeries in children and young adults with cerebral palsy: A population-based register study

Manuscript Number (if known): AO-2025-51/R1 RESUBMISSION

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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