			••••	
Date:		9/17/2023		
Your Name:		Mary Morcos		
Manuscript Title:		Occipital condyle fracture in the pediatric population: a management algorithm and systematic review		
Manuscript Number (if	known):	NA		
content of your manusc affected by the content indicate a bias. If you a The author's relationsh	cript. "Relation of the mare in doub ips/activitiens on the control of the critical of the cri	nuscript. Disclosure represents a commitment t about whether to list a relationship/activity/i es/interests should be defined broadly. For ex u should declare all relationships with manufac	-for-profit third parties whose interests may be to transparency and does not necessarily nterest, it is preferable that you do so.	
In item #1 below, repor frame for disclosure is t		ort for the work reported in this manuscript wit 5 months.	hout time limit. For all other items, the time	
		Ill entities with whom you have this aship 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	
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.		lone	Click the tab key to add additional rows.	
		Time frame: past 36 month	S	
Grants or contracts from any entity (if not indicated in item #1 above).		lone		
Royalties or licenses	× N	lone		

		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)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	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	

		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)		
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			
Plea [⊠]	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.				

3 12/13/2021 ICMJE Disclosure Form

Date	٥٠		9/17/2023	
	-			
	r Name: nuscript Title:		David Liu  Occipital condyle fracture in the pediatric	nonulation: a management algorithm and
IVIAI	iuscript ritie.		systematic review	population, a management algorithm and
Mai	nuscript Number (if k	nown):	NA	
con affe indi The epic that	tent of your manuscricted by the content ocate a bias. If you are author's relationships demiology of hyperters medication is not me	pt. "Rela of the ma e in doub s/activiti nsion, yo entioned	nuscript. Disclosure represents a commitment tabout whether to list a relationship/activity/ies/interests should be defined broadly. For exushould declare all relationships with manufacin the manuscript.	t-for-profit third parties whose interests may be to transparency and does not necessarily interest, it is preferable that you do so.  Cample, if your manuscript pertains to the cturers of antihypertensive medication, even if
II all	ne for disclosure is the	e past 30	officialis.	
			Il entities with whom you have this ship 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.		lone	Click the tab key to add additional rows.
			Time frame: past 36 month	s
2	Grants or contracts from any entity (if not indicated in item #1 above).		lone	
3	Royalties or licenses	× N	lone	

		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)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	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	

		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)		
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			
Plea [⊠]	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.				

3 12/13/2021 ICMJE Disclosure Form

			ICIVISE DISCESSIONE I OI	//AI	
Date:			9/17/2023		
Your Name:			Alexander Farid		
Mar	nuscript Title:		Occipital condyle fracture in the pediatric population: a management algorithm and systematic review		
Mar	nuscript Number (if k	nown):	NA		
con affe indi The epic that	tent of your manuscricted by the content of cate a bias. If you are author's relationship demiology of hypertent medication is not me	ipt. "Rela of the ma e in doub os/activiti nsion, yo entioned all suppo	neated" means any relation with for-profit or not nuscript. Disclosure represents a commitment about whether to list a relationship/activity/es/interests should be defined broadly. For exushould declare all relationships with manufain the manuscript.	interest, it is preferable that you do so.  kample, if your manuscript pertains to the cturers of antihypertensive medication, even if	
			Il entities with whom you have this ship 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.		lone	Click the tab key to add additional rows.	
			Time frame: past 36 month	s	
2	Grants or contracts from any entity (if not indicated in item #1 above).		lone		
3	Royalties or licenses	× N	lone		

		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)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	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	

		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)		
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			
Plea [⊠]	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.				

3 12/13/2021 ICMJE Disclosure Form

Date	e:	-	9/17/2023		
Your Name:		-	Alfred P. See		
Mar	nuscript Title:		Occipital condyle fracture in the pediatric population: a management algorithm and systematic review		
Mar	nuscript Number (if kn	nown):	NA		
content of your manuscript. "Rela affected by the content of the man			e ask you to disclose all relationships/activities ted" means any relation with for-profit or not nuscript. Disclosure represents a commitment about whether to list a relationship/activity/i	-for-profit third parties whose interests may be to transparency and does not necessarily	
epic	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.					
			I entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
				made to you or to your institution)	
		relations	ship or indicate none (add rows as needed)	made to you or to your institution)	
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for	relations	ship or indicate none (add rows as needed)  Time frame: Since the initial planning	made to you or to your institution)  of the work  Click the tab key to add additional rows.	

#1 above).

Royalties or

licenses

**⊠** None

3

		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)
4	Consulting fees	□ None  Microbot Medical Ltd.	Consulting fees to me for evaluation of pediatric hydrocephalus treatment devices
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	

		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)		
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			
Plea [⊠]	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.				

Date:		9/16/2023				
Your Name:		Grant D Hogue				
Manuscript Title:		Occipital condyle fracture in the pediatric population: a management algorithm and systematic review				
Manuscript Number (if known):		NA				
con affe	itent of your manuscript. "Rected by the content of the r	e ask you to disclose all relationships/activities/interests listed below that are related to the ted" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily about whether to list a relationship/activity/interest, it is preferable that you do so.				
epi	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.						
		e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)			
		<del>-</del>	made to you or to your institution)			
1		onship or indicate none (add rows as needed)  Time frame: Since the initial planning of the None	made to you or to your institution)			
1	All support for the present manuscript (e.g., funding, provision	onship or indicate none (add rows as needed)  Time frame: Since the initial planning of the None	made to you or to your institution) 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	onship or indicate none (add rows as needed)  Time frame: Since the initial planning of the None	made to you or to your institution) of the work  Click the tab key to add additional rows.			

1 12/13/2021 ICMJE Disclosure Form

3

Royalties or

licenses

 $\boxtimes$ 

None

		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)	
4	Consulting fees	□ None		
		Medtronic	Payment made to me for consultation	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	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		

		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)		
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			
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.					