

ICMJJE DISCLOSURE FORM

Date: 8/1/2023

Your Name: Nicholas D Thomas, MS

Manuscript Title: Online Video Resources Pertaining to Cerebral Palsy: A YouTube-Based Quality-Control Study

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.

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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.

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Date: 8/1/2023

Your Name: Julian Melchor, BS

Manuscript Title: Online Video Resources Pertaining to Cerebral Palsy: A YouTube-Based Quality-Control Study

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

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Date: 8/1/2023

Your Name: Rachel Carr, BS

Manuscript Title: Online Video Resources Pertaining to Cerebral Palsy: A YouTube-Based Quality-Control Study

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

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Date: 8/1/2023

Your Name: Sarah Ripps, BS

Manuscript Title: Online Video Resources Pertaining to Cerebral Palsy: A YouTube-Based Quality-Control Study

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

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Date: 8/1/2023

Your Name: Nicole Pham, MPH

Manuscript Title: Online Video Resources Pertaining to Cerebral Palsy: A YouTube-Based Quality-Control Study

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ICMJJE DISCLOSURE FORM

Date: 8/1/2023

Your Name: Roei Golan, BS

Manuscript Title: Online Video Resources Pertaining to Cerebral Palsy: A YouTube-Based Quality-Control Study

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.

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ICMJJE DISCLOSURE FORM

Date: 8/1/2023

Your Name: Nakul Talathi, MD

Manuscript Title: Online Video Resources Pertaining to Cerebral Palsy: A YouTube-Based Quality-Control Study

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.

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ICMJJE DISCLOSURE FORM

Date: 8/1/2023

Your Name: Rachel Thompson, MD

Manuscript Title: Online Video Resources Pertaining to Cerebral Palsy: A YouTube-Based Quality-Control Study

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

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ICMJJE DISCLOSURE FORM

Date: 8/1/2023

Your Name: David Spence, MD

Manuscript Title: Online Video Resources Pertaining to Cerebral Palsy: A YouTube-Based Quality-Control Study

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.

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Date: 8/1/2023

Your Name: Hank Chambers, MD

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