ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

#### 1. Identifying information.

#### 2. The work under consideration for publication.

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This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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**Royalties:** Funds are coming in to you or your institution due to your patent

Bowen
ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Garrett  
2. Surname (Last Name)  
   Bowen  
3. Date  
   30-December-2016  
4. Are you the corresponding author?  
   [ ] Yes  
   [ ☑ ] No  
   Corresponding Author’s Name  
   Eduardo Novais

5. Manuscript Title  
   Acetabular Retroversion but not Increased Depth and Coverage in Slipped Capital Femoral Epiphysis - A matched-cohort study

6. Manuscript Identifying Number (if you know it)

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[ ☑ ] No

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[ ☑ ] No

**Section 4. Intellectual Property -- Patents & Copyrights**

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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[ ☑ ] No
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Dr. Bowen has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name) 2. Surname (Last Name) 3. Date
Sarah Bixby 07-September-2016

4. Are you the corresponding author? ☑ No

Corresponding Author’s Name
Eduardo Novais

5. Manuscript Title
Acetabular Retroversion but not Increased Depth and Coverage in Slipped Capital Femoral Epiphysis - A matched-cohort study

6. Manuscript Identifying Number (if you know it)

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Dr. Bixby has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Young-Jo

2. Surname (Last Name)  
   Kim

3. Date  
   09-October-2016

4. Are you the corresponding author?  
   [ ] Yes  ✔ No

5. Manuscript Title  
   Acetabular Retroversion but not Increased Depth and Coverage in Slipped Capital Femoral Epiphysis - A matched-cohort study

6. Manuscript Identifying Number (if you know it)

   Corresponding Author’s Name  
   Eduardo Novais

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<td>Orthopediatrics</td>
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Dr. Kim reports personal fees from Orthopediatrics, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name) Yi-Meng
2. Surname (Last Name) Yen
3. Date 23-October-2016
4. Are you the corresponding author? Yes ☐ No ☑
   Corresponding Author’s Name Eduardo Novais
5. Manuscript Title Acetabular Retroversion but not Increased Depth and Coverage in Slipped Capital Femoral Epiphysis - A matched-cohort study
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Section 1. Identifying Information

1. Given Name (First Name) Tobias
2. Surname (Last Name) Hesper
3. Date 15-September-2016

4. Are you the corresponding author? ☐ Yes ☑ No

5. Manuscript Title
Acetabular Retroversion but not Increased Depth and Coverage in Slipped Capital Femoral Epiphysis - A matched-cohort study

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Dr. Hesper has nothing to disclose.

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Licensed: The patent has been licensed to an entity, whether earning royalties or not
Royalties: Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Patricia
2. Surname (Last Name) Miller
3. Date 12-September-2016
4. Are you the corresponding author? Yes
5. Manuscript Title
Acetabular Retroversion but not Increased Depth and Coverage in Slipped Capital Femoral Epiphysis - A matched-cohort study
6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes

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Are there any relevant conflicts of interest? Yes

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

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Ms. Miller has nothing to disclose.

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The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

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Section 1. Identifying Information

1. Given Name (First Name)  
Michael

2. Surname (Last Name)  
Millis

3. Date  
07-September-2016

4. Are you the corresponding author?  
Yes ☐  No ☑

Corresponding Author’s Name  
Eduardo Novais

5. Manuscript Title  
Acetabular Retroversion but not Increased Depth and Coverage in Slipped Capital Femoral Epiphysis - A matched-cohort study

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If yes, please fill out the appropriate information below.

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<th>Grant?</th>
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<th>Non-Financial Support?</th>
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<td>☐</td>
<td>Editorial royalties for book</td>
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</table>

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Dr. Millis reports personal fees from Elsevier, outside the submitted work.

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Novais
ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name)  
   Eduardo

2. Surname (Last Name)  
   Novais

3. Date  
   07-September-2016

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   ☐ No

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