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.

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Daniel</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Cooperman</td>
</tr>
<tr>
<td>3. Date</td>
<td>14-September-2015</td>
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<tr>
<td>4. Are you the corresponding author?</td>
<td>Yes ☐ No ✔</td>
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<tr>
<td>Corresponding Author’s Name</td>
<td>Raymond Liu</td>
</tr>
<tr>
<td>5. Manuscript Title</td>
<td>Capital Femoral Growth Plate Extension Predicts Cam Morphology in a Longitudinal Radiographic Study</td>
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<td>6. Manuscript Identifying Number (if you know it)</td>
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Are there any relevant conflicts of interest?  ☐ Yes ✔ No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  ☐ Yes ✔ No
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Dr. Cooperman has nothing to disclose.

Evaluation and Feedback

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<tr>
<td>Jeremy</td>
<td>Gebhart</td>
<td>14-September-2015</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author?  
   □ Yes  ✔ No

Corresponding Author’s Name  
Raymond Liu

5. Manuscript Title  
Capital Femoral Growth Plate Extension Predicts Cam Morphology in a Longitudinal Radiographic Study

6. Manuscript Identifying Number (if you know it)

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**Section 2. The Work Under Consideration for Publication**

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Dr. Gebhart has nothing to disclose.

**Evaluation and Feedback**

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Section 1. Identifying Information

1. Given Name (First Name) Raymond
2. Surname (Last Name) Liu
3. Date 14-September-2015
4. Are you the corresponding author? ✔ Yes ☐ No

5. Manuscript Title
Capital Femoral Growth Plate Extension Predicts Cam Morphology in a Longitudinal Radiographic Study

6. Manuscript Identifying Number (if you know it)

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If yes, please fill out the appropriate information below.

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
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<td>OrthoPediatrics</td>
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<td>☑</td>
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<td>☑</td>
<td>Royalties paid to institution to fund research efforts.</td>
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Dr. Liu reports other from OrthoPediatrics, during the conduct of the study.

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Section 1. Identifying Information

1. Given Name (First Name)  William
2. Surname (Last Name)  Morris
3. Date  14-September-2015
4. Are you the corresponding author?  Yes  No
   Corresponding Author’s Name  Raymond Liu
5. Manuscript Title
   Capital Femoral Growth Plate Extension Predicts Cam Morphology in a Longitudinal Radiographic Study
6. Manuscript Identifying Number (if you know it)

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Dr. Morris has nothing to disclose.

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<tr>
<td>Douglas</td>
<td>Weinberg</td>
<td>14-September-2015</td>
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</table>

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

Corresponding Author’s Name
Raymond Liu

5. Manuscript Title
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Dr. Weinberg has nothing to disclose.

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