ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   BRUCE KRISTIAN

2. Surname (Last Name)  
   FOSTER

3. Date  
   19-August-2015

4. Are you the corresponding author?  
   ☑ No  
   Corresponding Author’s Name  
   Vidyadhar Upasani, MD

5. Manuscript Title  
   Evaluation of Brace Treatment for Dislocated Infantile Developmental Dysplasia of the Hip in a Prospective Cohort: Defining the Success Rate and Variables Associated with Failure

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Dr. FOSTER has nothing to disclose.

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<tr>
<td>Peter</td>
<td>Cundy</td>
<td>19-August-2015</td>
</tr>
</tbody>
</table>

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

Corresponding Author’s Name  
Vidyadhar Upasani, MD

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

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<tbody>
<tr>
<td>James</td>
<td>Bomar</td>
<td>28-July-2015</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
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Mr. Bomar has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Scott
2. Surname (Last Name)  Mubarak
3. Date  28-July-2015
4. Are you the corresponding author?  Yes  ✔  No
5. Manuscript Title
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<td>Rhino Pediatric Orthopedic Designs, Inc.</td>
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Medical/Orthopaedic publications editorial/governing board for Journal of Pediatric Orthopedics

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Dr. Mubarak reports personal fees from Rhino Pediatric Orthopedic Designs, Inc., outside the submitted work; and Medical/Orthopaedic publications editorial/governing board for Journal of Pediatric Orthopedics.

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Section 1. Identifying Information

1. Given Name (First Name)  Vidyadhar
2. Surname (Last Name)  Upasani
3. Date  28-July-2015
4. Are you the corresponding author?  ✔ Yes  ☐ No

5. Manuscript Title
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Are there any relevant conflicts of interest?  ✔ Yes  ☐ No

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Dr. Upasani reports personal fees from OrthoPediatrics, personal fees from Innovasis, outside the submitted work;

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   John

2. Surname (Last Name)  
   Wedge

3. Date  
   20-August-2015

4. Are you the corresponding author?  
   ✔ No

Corresponding Author’s Name  
Vidyadhar Upasani, MD

5. Manuscript Title  
   Evaluation of Brace Treatment for Dislocated Infantile Developmental Dysplasia of the Hip in a Prospective Cohort: Defining the Success Rate and Variables Associated with Failure

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  
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Are there any relevant conflicts of interest?  
✔ No

Section 4. Intellectual Property -- Patents & Copyrights

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✔ No
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Dr. Wedge has nothing to disclose.

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<tr>
<td>Pablo</td>
<td>Castaneda</td>
<td>02-September-2015</td>
</tr>
</tbody>
</table>

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

Corresponding Author's Name

| Vidyadhar Upasani, MD |

5. Manuscript Title

Evaluation of Brace Treatment for Dislocated Infantile Developmental Dysplasia of the Hip in a Prospective Cohort: Defining the Success Rate and Variables Associated with Failure

6. Manuscript Identifying Number (if you know it)

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Dr. Castaneda has nothing to disclose.

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Royalties: Funds are coming in to you or your institution due to your patent
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Section 1. Identifying Information

1. Given Name (First Name) Nicholas
2. Surname (Last Name) Clarke
3. Date 02-September-2015
4. Are you the corresponding author? ☐ Yes ☑ No
   Corresponding Author’s Name Vidyadhar Upasani, MD
5. Manuscript Title
   Evaluation of Brace Treatment for Dislocated Infantile Developmental Dysplasia of the Hip in a Prospective Cohort: Defining the Success Rate and Variables Associated with Failure
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Are there any relevant conflicts of interest? ☐ Yes ☑ No

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? ☐ Yes ☑ No

Section 4. Intellectual Property -- Patents & Copyrights

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jose
2. Surname (Last Name) Herrera-Soto, MD
3. Date 02-September-2015
4. Are you the corresponding author? Yes
5. Manuscript Title
   Evaluation of Brace Treatment for Dislocated Infantile Developmental Dysplasia of the Hip in a Prospective Cohort: Defining the Success Rate and Variables Associated with Failure
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Are there any relevant conflicts of interest? Yes

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If yes, please fill out the appropriate information below.

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<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
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<td>Biomet Spine</td>
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</table>

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes

Herrera-Soto, MD

2
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Dr. Herrera-Soto, MD reports other from Biomet Spine, outside the submitted work; .

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Kasser
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) James
2. Surname (Last Name) Kasser
3. Date 01-September-2015
4. Are you the corresponding author? [ ] Yes [ ] No
   Corresponding Author’s Name Vidyadhar Upasani, MD
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<tr>
<td>Simon</td>
<td>Kelley</td>
<td>20-August-2015</td>
</tr>
</tbody>
</table>

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

Corresponding Author’s Name  
Vidyadhar Upasani, MD

5. Manuscript Title  
Evaluation of Brace Treatment for Dislocated Infantile Developmental Dysplasia of the Hip in a Prospective Cohort: Defining the Success Rate and Variables Associated with Failure

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  
   - No  
   ✔ No

## Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication.

Are there any relevant conflicts of interest?  
   - Yes  
   - No  
   ✔ No

---

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   - Yes  
   - No  
   ✔ No
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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?

☐ Yes, the following relationships/conditions/circumstances are present (explain below):

☑ No other relationships/conditions/circumstances that present a potential conflict of interest

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Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Kelley has nothing to disclose.

Evaluation and Feedback

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**ICMJE Form for Disclosure of Potential Conflicts of Interest**

### Section 1. Identifying Information

1. Given Name (First Name)  
Travis

2. Surname (Last Name)  
Matheney

3. Date  
02-September-2015

4. Are you the corresponding author?  
[ ] Yes  [X] No  
Corresponding Author’s Name  
Vidyadhar Upasani, MD

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Colin

2. Surname (Last Name)  
   Moseley

3. Date  
   26-August-2105

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

   Corresponding Author’s Name  
   Vidyadhar Upasani, MD

5. Manuscript Title  
   Evaluation of Brace Treatment for Dislocated Infantile Developmental Dysplasia of the Hip in a Prospective Cohort: Defining the Success Rate and Variables Associated with Failure

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   [x] No

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Are there any relevant conflicts of interest?  
   [ ] Yes  
   [x] No

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   [ ] Yes  
   [x] No
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Dr. Moseley has nothing to disclose.

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

Mulpuri
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Kishore

2. Surname (Last Name)  
   Mulpuri

3. Date  
   19-August-2015

4. Are you the corresponding author?  
   Yes ☑  No

   Corresponding Author’s Name  
   Vidyadhar Upasani, MD

5. Manuscript Title  
   Evaluation of Brace Treatment for Dislocated Infantile Developmental Dysplasia of the Hip in a Prospective Cohort: Defining the Success Rate and Variables Associated with Failure

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  
   Yes ☑  No

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the “X” button.

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Are there any relevant conflicts of interest?  
   Yes ☑  No

If yes, please fill out the appropriate information below.

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<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
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</thead>
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<td>☑</td>
<td></td>
<td></td>
<td></td>
<td>Research Support</td>
</tr>
</tbody>
</table>
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☑ No

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Mulpuri reports grants from International Hip Dysplasia Institute, during the conduct of the study; grants from Depuy, Johnson & Johnson, outside the submitted work;.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Unni G.  

2. Surname (Last Name)  
   Narayanan  

3. Date  
   01-September-2015  

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

   Corresponding Author’s Name  
   Vidyadhar Upasani, MD  

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Dr. Narayanan has nothing to disclose.

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

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  - Vidyadhar Upasani, MD

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  - No

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Dr. Price has nothing to disclose.

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1. Identifying information.

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This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking “No” means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check “Yes”.

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

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Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.
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Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations
Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.
Other: Anything not covered under the previous three boxes
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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
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1. Given Name (First Name) Wudbhav
2. Surname (Last Name) Sankar
3. Date 19-August-2015
4. Are you the corresponding author? ☑ Yes ☐ No

Corresponding Author’s Name Vidyadhar Upasani, MD

5. Manuscript Title Evaluation of Brace Treatment for Dislocated Infantile Developmental Dysplasia of the Hip in a Prospective Cohort: Defining the Success Rate and Variables Associated with Failure

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest? ☑ Yes ☐ No

If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
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<td>☑</td>
<td>☑</td>
<td></td>
<td></td>
<td>Royalties for edited textbook</td>
</tr>
</tbody>
</table>

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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. Sankar reports personal fees from Wolters Kluwer Health, outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name)  
Nicole

2. Surname (Last Name)  
Williams

3. Date  
01-September-2015

4. Are you the corresponding author?  
No

Corresponding Author’s Name  
Vidyadhar Upasani, MD

5. Manuscript Title  
Evaluation of Brace Treatment for Dislocated Infantile Developmental Dysplasia of the Hip in a Prospective Cohort: Defining the Success Rate and Variables Associated with Failure

6. Manuscript Identifying Number (if you know it)  

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No

Are there any relevant conflicts of interest?  
No

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