

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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)
Leslie

2. Surname (Last Name)
Kalish

3. Date
13-March-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Young-Jo Kim

5. Manuscript Title
Does Periacetabular Osteotomy for Hip Dysplasia Modulate Cartilage Biochemistry?

6. Manuscript Identifying Number (if you know it)
JBJS-D-13-01233R1

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Section 4. Intellectual Property -- Patents & Copyrights

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Sarah	2. Surname (Last Name) Bixby	3. Date 12-March-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hingsammer
5. Manuscript Title Does Periacetabular Osteotomy for Hip Dysplasia Modulate Cartilage Biochemistry?		
6. Manuscript Identifying Number (if you know it) JBJS-D-13-01233R1		

Section 2. The Work Under Consideration for Publication

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Dr. Bixby has nothing to disclose.

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1. Given Name (First Name) Patricia	2. Surname (Last Name) Connell	3. Date 12-March-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Young-Jo Kim, MD, PhD
5. Manuscript Title Does Periacetabular Osteotomy for Hip Dysplasia Modulate Cartilage Biochemistry?		
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Section 1. Identifying Information

1. Given Name (First Name)
Young-Jo

2. Surname (Last Name)
Kim

3. Date
19-March-2014

4. Are you the corresponding author? Yes No

5. Manuscript Title
Does Periacetabular Osteotomy for Hip Dysplasia Modulate Cartilage Biochemistry?

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. 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.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Orthopaedic Research Education Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Siemens Healthcare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	research support, scientific advisory board
Smith and Nephew	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	technical consultant
AO North America	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	expenses paid for teaching course

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Dr. Kim reports grants from Orthopaedic Research Education Foundation, during the conduct of the study; grants and non-financial support from Siemens Healthcare, personal fees from Smith and Nephew, personal fees from AO North America, outside the submitted work; .

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1. Given Name (First Name) Tallal	2. Surname (Last Name) Mamisch	3. Date 19-March-2014
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Dr. Mamisch has nothing to disclose.

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4. Intellectual Property.

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

5. Relationships not covered above.

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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) Michael	2. Surname (Last Name) Millis	3. Date 19-March-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Young-Jo Kim
5. Manuscript Title Does Periacetabular Osteotomy for Hip Dysplasia Modulate Cartilage Biochemistry?		
6. Manuscript Identifying Number (if you know it) JBJS-D-13-01233R1		

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

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

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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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. Millis has nothing to disclose.

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1. Identifying information.

2. The work under consideration for publication.

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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) David	2. Surname (Last Name) Stelzeneder	3. Date 20-March-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Young-Jo Kim
5. Manuscript Title Does Periacetabular Osteotomy for Hip Dysplasia Modulate Cartilage Biochemistry?		
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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. Stelzeneder has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Andreas	2. Surname (Last Name) Hingsammer	3. Date 13-March-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Young-Jo Kim
5. Manuscript Title Does Periacetabular Osteotomy for Hip Dysplasia Modulate Cartilage Biochemistry?		
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