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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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. Given Name (First Name)  
   Klaus A.

2. Surname (Last Name)  
   Siebenrock

3. Date  
   05-March-2014

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
   Anteverting periacetabular osteotomy for symptomatic acetabular retroversion: Results at 10 years

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-13-00842R2

## Section 2. The Work Under Consideration for Publication

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

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   Yes  
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Section 6. Disclosure Statement

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Dr. Siebenrock 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)  Moritz
2. Surname (Last Name)  Tannast
3. Date  05-March-2014

4. Are you the corresponding author?  Yes  ☑ No
   Corresponding Author’s Name  Klaus Siebenrock

5. Manuscript Title
   Anteverting periacetabular osteotomy for symptomatic acetabular retroversion: Results at 10 years

6. Manuscript Identifying Number (if you know it)
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Are there any relevant conflicts of interest?  Yes  ☑ No

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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>
<th>Comments</th>
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Dr. Tannast has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Claudio

2. Surname (Last Name)  
Schaller

3. Date  
05-March-2014

4. Are you the corresponding author?  
✔ No  
Corresponding Author’s Name  
Klaus Siebenrock

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1. Given Name (First Name)  
Marius J.

2. Surname (Last Name)  
Keel

3. Date  
05-March-2014

4. Are you the corresponding author?  
☐ Yes  ☑ No  
Corresponding Author’s Name  
Klaus Siebenrock

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

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### Section 1. Identifying Information

| 1. Given Name (First Name) | Lorenz |
| 2. Surname (Last Name)   | Büchler |
| 3. Date                  | 05-March-2014 |

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

Corresponding Author’s Name
Klaus Siebenrock

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