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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Section 1. Identifying Information

1. Given Name (First Name) Andrew
2. Surname (Last Name) Speirs
3. Date 16-March-2016
4. Are you the corresponding author? ☑ No
   Corresponding Author’s Name Paul Beaule
5. Manuscript Title
   SURGICAL CORRECTION OF HIP DEFORMITIES AND ITS IMPACT ON THE DEGENERATIVE PROCESS WITHIN THE HIP JOINT
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Dr. Speirs has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Gerd

2. Surname (Last Name)  
   Melkus

3. Date  
   16-March-2016

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

Corresponding Author’s Name  
   Paul Beaule

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

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Section 1. Identifying Information

1. Given Name (First Name)          2. Surname (Last Name)          3. Date
Helen                                      Anwander                                      16-March-2016

4. Are you the corresponding author?   Yes   No

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

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<td>Hanspeter</td>
<td>Frei</td>
<td>16-March-2016</td>
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<th>4. Are you the corresponding author?</th>
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<td>Paul Beaule</td>
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Are there any relevant conflicts of interest?  [✔] Yes  [ ] No

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Dr. Frei reports grants from Canadian Institutes of Health Research, during the conduct of the study.

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Section 1. Identifying Information

1. Given Name (First Name)  
Kawan

2. Surname (Last Name)  
Rakhra

3. Date  
16-March-2016

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

Corresponding Author’s Name  
Paul Beaule

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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”.

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

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<td>Mario Lamontagne</td>
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<td>16-March-2016</td>
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4. Are you the corresponding author? [ ] Yes [x] No

Corresponding Author’s Name

Paul Beaule

5. Manuscript Title

SURGICAL CORRECTION OF HIP DEFORMITIES AND ITS IMPACT ON THE DEGENERATIVE PROCESS WITHIN THE HIP JOINT

6. Manuscript Identifying Number (if you know it)

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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? [x] Yes [ ] No

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Dr. Lamontagne reports grants from Canadian Institutes of Health Research, during the conduct of the study; .

Evaluation and Feedback

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