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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)**
   - Young-Jo

2. **Surname (Last Name)**
   - Kim

3. **Date**
   - 31-July-2017

4. **Are you the corresponding author?**
   - No

5. **Manuscript Title**
   - Mid-Term Results of Periacetabular Osteotomy for The Treatment of Hip Dysplasia in Down Syndrome: A Five-Year Minimum Follow-up

6. **Manuscript Identifying Number (if you know it)**

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

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If yes, please fill out the appropriate information below.

<table>
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<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

Kim
ICMJE Form for Disclosure of Potential Conflicts of Interest

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Section 6. Disclosure Statement

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Dr. Kim reports personal fees from Orthopediatrics, outside the submitted work;

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Daniel  
2. Surname (Last Name)  
   Maranho  
3. Date  
   31-July-2017  
4. Are you the corresponding author?  
   ☐ Yes  
   ✔ No  
5. Manuscript Title  
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- ☐ Yes  
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Grant No. 2016/04376–3, São Paulo Research Foundation (FAPESP)

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Dr. Maranho reports the Grant No. 2016/04376–3, São Paulo Research Foundation (FAPESP).

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1. Given Name (First Name)  
   Michael

2. Surname (Last Name)  
   Millis

3. Date  
   31-July-2017

4. Are you the corresponding author?  
   ✔ Yes  
   No

Corresponding Author's Name  
Eduardo Novais

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

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   **Eduardo**

2. Surname (Last Name)  
   **Novais**

3. Date  
   **31-July-2017**

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<tbody>
<tr>
<td>Kathryn</td>
<td>Williams</td>
<td>31-July-2017</td>
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Corresponding Author’s Name
Eduardo Novais

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Dr. Williams has nothing to disclose.

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