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.

1. Identifying information.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Aidin

2. Surname (Last Name)  
   Eslam Pour

3. Date  
   10-March-2016

4. Are you the corresponding author?  
   ☑ No

5. Manuscript Title  
   Post primary sciatic nerve palsy after periacetabular osteotomy

6. Manuscript Identifying Number (if you know it)

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**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.)?

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Dr. Eslam Pour 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)  
   Reinhold

2. Surname (Last Name)  
   Ganz

3. Date  
   23-June-2016

4. Are you the corresponding author?  
   Yes

5. Manuscript Title  
   Delayed sciatic nerve palsy after periacetabular osteotomy

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.)?  
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**Section 4. Intellectual Property -- Patents & Copyrights**

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seed money given to Examedical S.P.A., Italy

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Dr. Ganz reports and seed money given to Examedical S.P.A., Italy.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Michael
2. Surname (Last Name)  Leunig
3. Date  12-April-2016
4. Are you the corresponding author?  Yes  No

5. Manuscript Title
Post primary Sciatic Nerve Palsy after Periacetabular Osteotomy

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.

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<th>Non-Financial Support?</th>
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Dr. Leunig reports personal fees from Smith and Nephew, personal fees from Biomed, personal fees from Pivot, outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Jonathan

2. Surname (Last Name)  
   Vigdorchik

3. Date  
   10-March-2016

4. Are you the corresponding author?  
   ☑ No

5. Manuscript Title  
   Post Primary Sciatic Nerve Palsy after Periacetabular Osteotomy

6. Manuscript Identifying Number (if you know it)

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Dr. Vigdorchik has nothing to disclose.

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## Section 1. Identifying Information

1. Given Name (First Name)  
   Sylvia

2. Surname (Last Name)  
   Willi-Dähn

3. Date  
   16-March-2016

4. Are you the corresponding author?  
   [ ] Yes  
   ✔ No  
   Corresponding Author’s Name  
   Michael Leunig

5. Manuscript Title  
   Primary sciatic nerve palsy after periacetabular osteotomy

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