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.

5. **Relationships not covered above.**

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**Other:** Anything not covered under the previous three boxes

**Pending:** The patent has been filed but not issued

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**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**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)**
   - Josef

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

3. **Date**
   - 12-September-2017

4. **Are you the corresponding author?**
   - Yes

5. **Manuscript Title**
   - Acute Periacetabular Osteotomy for Recurrent Post-Traumatic Dislocation of the Hip

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.)?

Are there any relevant conflicts of interest?  
- Yes
- No

### Section 3. Relevant financial activities outside the submitted work.

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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. Tofte has nothing to disclose.

Evaluation and Feedback

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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)
   Willey

3. Date
   12-September-2017

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

   Corresponding Author’s Name
   Nicholas Arpey

5. Manuscript Title
   Acute Periacetabular Osteotomy for Recurrent Post-Traumatic Dislocation of the Hip

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Dr. Willey has nothing to disclose.

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## Section 1. Identifying Information

1. **Given Name (First Name)**  
   Nicholas

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

3. **Date**  
   12-September-2017

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

5. **Manuscript Title**  
   Acute Periacetabular Osteotomy for Recurrent Post-Traumatic Dislocation of the Hip

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<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Given Name (First Name)</td>
<td>Andrew</td>
</tr>
<tr>
<td>2. Surname (Last Name)</td>
<td>Holte</td>
</tr>
<tr>
<td>3. Date</td>
<td>12-September-2017</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>Yes</td>
</tr>
<tr>
<td>Corresponding Author's Name</td>
<td>Nicholas Arpey</td>
</tr>
<tr>
<td>5. Manuscript Title</td>
<td>Acute Periacetabular Osteotomy for Recurrent Post-Traumatic Dislocation of the Hip</td>
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