

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 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) Jamie	2. Surname (Last Name) Burgess	3. Date 17-April-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr. Joseph Janicki
5. Manuscript Title Late Presentation of Developmental Hip Dislocation: A Case Report		
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

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

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Dr. Burgess 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)  
Joseph

2. Surname (Last Name)  
Janicki

3. Date  
04-April-2018

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Late Presentation of Developmental Hip Dislocation: A Case Report

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

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Dr. Janicki has nothing to disclose.

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1. Given Name (First Name) Jill	2. Surname (Last Name) Larson	3. Date 17-April-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr. Joseph Janicki
5. Manuscript Title Late Presentation of Developmental Hip Dislocation: A Case Report		
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Dr. Larson has nothing to disclose.

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1. Given Name (First Name) Meghan	2. Surname (Last Name) Schmitt	3. Date 17-April-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Dr. Joseph Janicki
5. Manuscript Title Late Presentation of Developmental Hip Dislocation: A Case Report		
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Meghan Schmitt 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)  
Diane

2. Surname (Last Name)  
Dudas Sheehan

3. Date  
17-April-2018

4. Are you the corresponding author?

Yes  No

Corresponding Author's Name  
Dr. Joseph Janicki

5. Manuscript Title  
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Dr. Dudas Sheehan has nothing to disclose.

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