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.

2. The work under consideration for publication.

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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?  Yes  No
5. Manuscript Title  Late Presentation of Developmental Hip Dislocation: A Case Report
6. Manuscript Identifying Number (if you know it)

Corresponding Author’s Name  Dr. Joseph Janicki

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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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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<td>1. Given Name (First Name)</td>
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<tr>
<td>Joseph</td>
<td>Janicki</td>
<td>04-April-2018</td>
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<td>4. Are you the corresponding author?</td>
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Are there any relevant conflicts of interest?  

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Dr. Janicki has nothing to disclose.

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Jill</th>
</tr>
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<tr>
<td>2. Surname (Last Name)</td>
<td>Larson</td>
</tr>
<tr>
<td>3. Date</td>
<td>17-April-2018</td>
</tr>
<tr>
<td>4. Are you the corresponding author?</td>
<td>Yes ✔ No</td>
</tr>
<tr>
<td>Corresponding Author’s Name</td>
<td>Dr. Joseph Janicki</td>
</tr>
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## Section 1. Identifying Information

1. **Given Name (First Name)**
   - Meghan

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

3. **Date**
   - 17-April-2018

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

   **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 [x]

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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  
5. Manuscript Title  Late Presentation of Developmental Hip Dislocation: A Case Report  
   | Corresponding Author’s Name  Dr. Joseph Janicki  
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