ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   Koichi

2. Surname (Last Name)  
   Kinoshita

3. Date  
   10-July-2017

4. Are you the corresponding author?  
   Yes ☑ No

   Corresponding Author’s Name  
   Hajime Seo

5. Manuscript Title  
   Clinical Outcomes According to the Femoral and Acetabular Version After Periacetabular Osteotomy

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name) Tomohiko
2. Surname (Last Name) Minamikawa
3. Date 10-July-2017
4. Are you the corresponding author? Yes ☐ No ☑
   Corresponding Author’s Name Hajime Seo
5. Manuscript Title Clinical Outcomes According to the Femoral and Acetabular Version After Periacetabular Osteotomy
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Section 1. Identifying Information

1. Given Name (First Name)
   Masatoshi

2. Surname (Last Name)
   Naito

3. Date
   06-July-2017

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

Corresponding Author’s Name
Hajime Seo

5. Manuscript Title
Clinical Outcomes According to the Femoral and Acetabular Version After Periacetabular Osteotomy

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1. Given Name (First Name)  
   Hajime

2. Surname (Last Name)  
   Seo

3. Date  
   19-July-2017

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

5. Manuscript Title  
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<th>2. Surname (Last Name)</th>
<th>3. Date</th>
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<td>Takuaki</td>
<td>Yamamoto</td>
<td>17-July-2017</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author? [ ] Yes [X] No

Corresponding Author's Name

Hajime Seo

5. Manuscript Title

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Dr. Yamamoto has nothing to disclose.

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