ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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Royalties: Funds are coming in to you or your institution due to your patent
## Section 1. Identifying Information

1. Given Name (First Name)  
Scott

2. Surname (Last Name)  
LaValva

3. Date  
30-August-2019

4. Are you the corresponding author?  
Yes ✔ No

Corresponding Author’s Name  
Ishaan Swarup MD

5. Manuscript Title  
Septic Arthritis of the Hip in Children: A Critical Analysis Review

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

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

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Are there any relevant conflicts of interest?  
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## Section 4. Intellectual Property -- Patents & Copyrights

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Section 6. Disclosure Statement

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Scott LaValva has nothing to disclose.

Evaluation and Feedback

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Ronit
2. Surname (Last Name)  
   Shah
3. Date  
   31-August-2019
4. Are you the corresponding author?  
   Yes ☐ No ☑
5. Manuscript Title  
   Septic Arthritis of the Hip in Children: A Critical Analysis Review
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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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
   Yes ☐ No ☑
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Ronit Shah has nothing to disclose.

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1. Given Name (First Name)  
   Ishaan

2. Surname (Last Name)  
   Swarup

3. Date

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

5. Manuscript Title  
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Dr. Swarup has nothing to disclose.

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1. Given Name (First Name)  
Wudbhav  

2. Surname (Last Name)  
Sankar  

3. Date  
03-September-2019  

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

Corresponding Author’s Name  
Ishaan Swarup  

5. Manuscript Title  
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If yes, please fill out the appropriate information below.

<table>
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<th>Name of Entity</th>
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<th>Non-Financial Support?</th>
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<td></td>
<td>✓</td>
<td></td>
<td></td>
<td>Royalties for edited textbook</td>
</tr>
</tbody>
</table>

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Dr. Sankar reports personal fees from Wolter Kluwer Health, outside the submitted work.

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