

Instructions

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Identifying information.

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

Relationships not covered above.

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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

1

Kim



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Harry	2. Surname (Last Name Kim)	3. Date 24-January-2014
4. Are you the corresponding author?	✓ Yes No		
Preliminary Study		-Perthes Disease	e (LCPD) Predict Lateral Pillar Involvement? A
6. Manuscript Identifying Number (if you k	now it)		
Section 2. The Work Under C	onsideration for Pub	olication	
			government, commercial, private foundation, etc.) f board, study design, manuscript preparation,
Are there any relevant conflicts of inter	est? Yes 🗸 No)	
Section 3. Relevant financial	activities outside th	e submitted w	work.
of compensation) with entities as descri	ibed in the instructions.	Use one line for	ve financial relationships (regardless of amoun r each entity; add as many lines as you need by uring the 36 months prior to publication.
Are there any relevant conflicts of inter	·	-	aring the 50 months prior to publication.
If yes, please fill out the appropriate inf	ormation below.		
Name of Entity	Grant? Personal Fees?	Non-Financial Support?	Other? Comments
psen	✓		Grant unrelated to this paper
Pfizer		✓	Drug for a study unrelated to this paper
Section 4. Intellectual Prope	rty Patents & Copy	riahts	
			et to the world Vec
Do you have any patents, whether plar	inea, penaing or issued,	broadly relevan	nt to the work? Yes V No

Kim 2



Section 5. Polationships not severed above
Relationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
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Section 6. Disclosure Statement
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Dr. Kim reports grants from ipsen, non-financial support from Pfizer, outside the submitted work; .

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Kim 3



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Lu 1



Section 1. Identifying Inform	nation			
1. Given Name (First Name) Amanda	2. Surname (Last Name) Lu	3. Date 24-January-2014		
4. Are you the corresponding author?	Yes 🗸 No	Corresponding Author's Name Harry KW Kim		
5. Manuscript TitleCan Perfusion MRI Performed in the EaPreliminary Study6. Manuscript Identifying Number (if you keep)		erthes Disease (LCPD) Predict Lateral Pillar Involvement? A		
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Section 4. Intellectual Prope	rty Patents & Copyrig	ghts		
Do you have any patents, whether plan	nned, pending or issued, br	oadly relevant to the work? Yes V No		

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Ms. Lu has nothing to disclose.

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Kulkarni

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1

administrative support, etc.



Section 1.	Identifying Inform	nation			
1. Given Name (Fii Vedant	rst Name)	2. Surname (Last Name) Kulkarni	3. Date 23-January-2014		
4. Are you the cor			Corresponding Author's Name Harry KW Kim		
5. Manuscript Title Can Perfusion MRI Performed in the Early Stages of Legg-Calvé-Perthes Disease (LCPD) Predict Lateral Pillar Involvement? A Preliminary Study 6. Manuscript Identifying Number (if you know it)					
Section 2.	The Work Under Co	onsideration for Public	ation		
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 Vo					
Section 3.	Relevant financial	activities outside the s	ubmitted work.		
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Section 4.	Intellectual Proper	rty Patents & Copyrig	hts		
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Burgess 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fii Jamie	rst Name)	2. Surname (Last Name) Burgess	3. Date 24-January-2014	
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Harry KW Kim	
Preliminary Stud	RI Performed in the Ear		erthes Disease (LCPD) Predict Lateral Pillar Involvement? A	
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Burgess 2



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Relationships not covered above	
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Yes, the following relationships/conditions/circumstances are present (explain below):	
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Dr. Burgess has nothing to disclose.	

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Burgess 3



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Ikram 1



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4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Harry KW Kim	
5. Manuscript Title Can Perfusion M Preliminary Stuc	RI Performed in the Ear	ly Stages of Legg-Calvé-Pe	erthes Disease (LCPD) Predict Lateral Pillar Involvement? A	
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Do you have any			oadly relevant to the work? ☐ Yes ✓ No	

Ikram 2



Section 5.					
Section 5.	Relationships not covered above				
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Royalties: Funds are coming in to you or your institution due to your patent

Wiesman 1



Section 1.	Identifying Inform	ation		
1. Given Name (First Kathryn	: Name)	2. Surname (Last Name) Wiesman		3. Date 24-January-2014
4. Are you the corre	he corresponding author? Yes No Corresponding At Harry KW Kim			ne
5. Manuscript Title Can Perfusion MRI Preliminary Study	Performed in the Earl	y Stages of Legg-Calvé-Pe	rthes Disease (LCPD) Predict	t Lateral Pillar Involvement? A
6. Manuscript Identi	ifying Number (if you kn	ow it)		
			-	
Section 2.	Γhe Work Under Co	onsideration for Public	ation	
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 a	activities outside the s	ubmitted work.	
Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication . Are there any relevant conflicts of interest? Yes Vo				
Section 4.				
Section 4.	ntellectual Proper	ty Patents & Copyrig	hts	
Do you have any p	atents, whether planr	ned, pending or issued, bro	oadly relevant to the work?	☐ Yes ✓ No

Wiesman 2



Section 5. Polationships not sovered above	
Relationships not covered above	
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?	
Yes, the following relationships/conditions/circumstances are present (explain below):	
✓ No other relationships/conditions/circumstances that present a potential conflict of interest	
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure stateme On occasion, journals may ask authors to disclose further information about reported relationships.	nts.
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. Wiesman has nothing to disclose.	

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Wiesman 3



Instructions

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administrative support, etc.

Du 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi Jerry	rst Name)	2. Surname (Last Name) Du	3. Date 23-January-2014
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Harry KW Kim
5. Manuscript Title Can Perfusion M Preliminary Stud	RI Performed in the Ear	ly Stages of Legg-Calvé-Pe	erthes Disease (LCPD) Predict Lateral Pillar Involvement? A
6. Manuscript Ider	ntifying Number (if you kr	now it)	
Section 2.	The Work Under Co	onsideration for Public	cation
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ita monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	submitted work.
of compensation clicking the "Add	the appropriate boxes i) with entities as descri	n the table to indicate who bed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.
Section 4.	Intellectual Proper	rty Patents & Copyrig	ghts
Do you have any			roadly relevant to the work? Yes V No

Du 2



Section 5.	Deletionshing not governed above
	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
Yes, the follow	ving relationships/conditions/circumstances are present (explain below):
✓ No other relat	cionships/conditions/circumstances that present a potential conflict of interest
	nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements nals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the aborbelow.	ve disclosures, this form will automatically generate a disclosure statement, which will appear in the box
Dr. Du has nothir	ng to disclose.

Evaluation and Feedback

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Du 3



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Chen 1



Section 1. Identifying Info	rmation	
1. Given Name (First Name) Elena	2. Surname (Last Name) Chen	3. Date 23-January-2014
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Harry KW Kim
5. Manuscript Title Can Perfusion MRI Performed in the Preliminary Study	Early Stages of Legg-Calvé-Pe	erthes Disease (LCPD) Predict Lateral Pillar Involvement? A
6. Manuscript Identifying Number (if yo	u know it)	
		-
Section 2. The Work Unde	Consideration for Public	ation
	ling but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Cardian 2		
Section 3. Relevant finance	al activities outside the s	ubmitted work.
of compensation) with entities as de clicking the "Add +" box. You should	scribed in the instructions. Us report relationships that wer	ether you have financial relationships (regardless of amount e one line for each entity; add as many lines as you need by e present during the 36 months prior to publication.
Are there any relevant conflicts of in	terest? Yes ✓ No	
Section 4. Intellectual Pro	perty Patents & Copyrig	hts
Do you have any patents, whether p	lanned, pending or issued, br	oadly relevant to the work? Yes V No

Chen 2



Section 5.	
Section 5.	Relationships not covered above
	relationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
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Elena Chen has	nothing to disclose.

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Lisans and The material has been stated by the agency

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

Brabham 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Case	2. Surname (Last Name) Brabham		3. Date 23-January-2014
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Nam Harry KW Kim	ne
5. Manuscript Title Can Perfusion MRI Performed in the Ear Preliminary Study	ly Stages of Legg-Calvé-Pe	erthes Disease (LCPD) Predict	t Lateral Pillar Involvement? A
6. Manuscript Identifying Number (if you kr	now it)		
		_	
Section 2. The Work Under Co	onsideration for Public	cation	
Did you or your institution at any time rece any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	g but not limited to grants, da		
Sortion 2			
Section 3. Relevant financial	activities outside the s	ubmitted work.	
Place a check in the appropriate boxes in of compensation) with entities as described the "Add +" box. You should repare there any relevant conflicts of interests."	ibed in the instructions. Us port relationships that wer	se one line for each entity; ad	dd as many lines as you need by
Section 4. Intellectual Proper	rty Patents & Copyric	hts	
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the work?	☐ Yes ✓ No

Brabham 2



Section 5. Relationships not severed above
Relationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
Yes, the following relationships/conditions/circumstances are present (explain below):
✓ No other relationships/conditions/circumstances that present a potential conflict of interest
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Section 1.	Identifying Infor	mation	
1. Given Name (Fi Ashok	irst Name)	2. Surname (Last Name) Kulkarni	3. Effective Date (07-August-2008) 19-June-2013
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Name Harry K. W. Kim
5. Manuscript Titl Can Perfusion M		arly stages of Legg-Calve-	Perthes Disease Predict Lateral Pillar Involvement?
6. Manuscript Ide	ntifying Number (if you	know it)	

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Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration (for Publ	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	✓					×
						ADD
2. Consulting fee or honorarium	✓					×
						ADD
Support for travel to meetings for the study or other purposes	✓					×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	✓					×
						ADD
Payment for writing or reviewing the manuscript	✓					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	√					×



The Work Under Consideration for Publication							
Ту	/pe	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
							ADD
7. Other		\checkmark					×
							ADD

Section 3. Relevant financial activities outside the submitted work.

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Relevant financial activities out	side the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	✓					×
						ADD
2. Consultancy	✓					×
						ADD
3. Employment	✓					×
						ADD
4. Expert testimony	✓					×
						ADD
5. Grants/grants pending	√					×
						ADD
Payment for lectures including service on speakers bureaus	✓					×
						ADD
Payment for manuscript preparation	✓					×

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Relevant financial activities outs	ide the	submitt	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
Patents (planned, pending or issued)	✓					×
						ADD
9. Royalties	✓					×
						ADD
Payment for development of educational presentations	✓					×
						ADD
11. Stock/stock options	✓					×
						ADD
 Travel/accommodations/ meeting expenses unrelated to activities listed** 	√					×
						ADD
Other (err on the side of full disclosure)	✓					×
* This means money that your institution ** For example, if you report a consultance				ravel related to that consult	tancy on this line.	ADD

Section 4.	
Section 4.	Other relationships
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
	tionships/conditions/circumstances that present a potential conflict of interest wing relationships/conditions/circumstances are present (explain below):
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.

Hide All Table Rows Checked 'No'

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Section 1.	Identifying Infor	mation	
1. Given Name (Fi	irst Name)	2. Surname (Last Name) Dempsey	3. Effective Date (07-August-2008) 10-June-2013
4. Are you the co	rresponding author?	☐ Yes ✓ No	Corresponding Author's Name Harry K W Kim, MD, MS, FRCSC
5. Manuscript Titl Can Perfusion M		arly Stages of Legg-Calvé-	Perthes Disease Predict Lateral Pillar Involvement?
6. Manuscript Ide	ntifying Number (if you	know it)	

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The Work Under Consideration	or Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	✓					×
						ADD
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						ADD
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						ADD
Payment for writing or reviewing the manuscript	✓					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	✓					×



The Work Under	Consideration for Pu	blication				
Тур	ne No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other	✓					×
						ADD

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

Relevant financial activities out	side the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	✓					×
						ADD
2. Consultancy	✓					×
						ADD
3. Employment	✓					×
						ADD
4. Expert testimony	✓					×
						ADD
5. Grants/grants pending	√					×
						ADD
Payment for lectures including service on speakers bureaus	✓					×
						ADD
Payment for manuscript preparation	✓					×

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Relevant financial activities outs	ide the	submitt	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						ADD
Patents (planned, pending or issued)	✓					×
						ADD
9. Royalties	✓					×
						ADD
Payment for development of educational presentations	✓					×
						ADD
11. Stock/stock options	✓					×
						ADD
 Travel/accommodations/ meeting expenses unrelated to activities listed** 	√					×
						ADD
Other (err on the side of full disclosure)	✓					×
* This means money that your institution ** For example, if you report a consultance				ravel related to that consult	tancy on this line.	ADD

Section 4.	Other relationships
	elationships or activities that readers could perceive to have influenced, or that give the appearance of ncing, what you wrote in the submitted work?
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest
Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
	nuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements.

Hide All Table Rows Checked 'No'

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Evaluation and Feedback

Please visit http://www.icmje.org/cgi-bin/feedback to provide feedback on your experience with completing this form.



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 four parts.

Identifying information.

Enter your full name. If you are NOT the corresponding author please check the box "no" and a space to enter the name of the corresponding author in the space that appears. Provide the requested manuscript information. Double-check the manuscript number and enter it.

The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party — that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes". Then complete the appropriate boxes to indicate the type of support and whether the payment went to you, or to your institution, or both.

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Other relationships.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.



Section 1.	Identifying Infor	mation	
1. Given Name (Fi John	rst Name)	2. Surname (Last Name) Herring	3. Effective Date (07-August-2008) 13-June-2013
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Name Harry Kim
5. Manuscript Title Can perfusion M		arly stages of Legg-Calve-	Perthes disease predict lateral pillar involvement?
6. Manuscript Idei	ntifying 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 for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc...)?

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

The Work Under Consideration	or Pub	lication				
Туре	No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
1. Grant	✓					×
						ADD
2. Consulting fee or honorarium	✓					×
						ADD
3. Support for travel to meetings for the study or other purposes	✓					×
						ADD
 Fees for participation in review activities such as data monitoring boards, statistical analysis, end point committees, and the like 	V					×
						ADD
Payment for writing or reviewing the manuscript	✓					×
						ADD
Provision of writing assistance, medicines, equipment, or administrative support	✓					×



The Work Under	Consideration for Pu	blication				
Тур	ne No	Money Paid to You	Money to Your Institution*	Name of Entity	Comments**	
						ADD
7. Other	✓					×
						ADD

Section 3. Relevant financial activities outside the submitted work.

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to submission.

Complete each row by checking "No" or providing the requested information. If you have more than one relationship click the "Add" button to add a row. Excess rows can be removed by clicking the "X" button.

Relevant financial activities out	side the	submit	ted work			
Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
1. Board membership	✓					×
						ADD
2. Consultancy	\checkmark					×
						ADD
3. Employment	✓					×
						ADD
4. Expert testimony	✓					×
						ADD
5. Grants/grants pending	\checkmark					×
						ADD
Payment for lectures including service on speakers bureaus	✓					×
						ADD
Payment for manuscript preparation	✓					×

^{*} This means money that your institution received for your efforts on this study.

^{**} Use this section to provide any needed explanation.



Type of Relationship (in alphabetical order)	No	Money Paid to You	Money to Your Institution*	Entity	Comments	
						P
Patents (planned, pending or issued)	✓					
						A
9. Royalties		✓		Elsiver publishing, Medtronic		
						A
Payment for development of educational presentations	✓					
						A
1. Stock/stock options	✓					
						A
 Travel/accommodations/ meeting expenses unrelated to activities listed** 	✓					
						A
Other (err on the side of full disclosure)	✓					
						Α

Section 4. Other relationships

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

✓ No other relationships/conditions/circumstances that present a potential conflict of interest

Yes, the following relationships/conditions/circumstances are present (explain below):

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.

Hide All Table Rows Checked 'No'

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^{**} For example, if you report a consultancy above there is no need to report travel related to that consultancy on this line.



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