

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.

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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

FOSTER 1



Section 1.	Identifying Inform	nation		
Given Name (First Name) BRUCE KRISTIAN		2. Surname (Last Name) FOSTER	3. Date 19-August-2015	
4. Are you the cor	Are you the corresponding author? Yes Volume		Corresponding Author's Name Vidyadhar Upasani, MD	
5. Manuscript Title Evaluation of Brace Treatment for Dislocated Infantile Developmental Dysplasia of the Hip in a Prospective Cohort: Defining the Success Rate and Variables Associated with Failure			ental Dysplasia of the Hip in a Prospective Cohort: Defining	
6. Manuscript Ider	ntifying Number (if you kr	now it)	_	
Section 2.				
Section 2.	The Work Under Co	onsideration for Publi	cation	
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 rel	Are there any relevant conflicts of interest? Yes V No			
Section 3.	Relevant financial	activities outside the	submitted work	
of compensation	n) with entities as descri	bed in the instructions. U	ether you have financial relationships (regardless of amount se 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 rel	evant conflicts of intere	est?		
Section 4.	Intellectual Proper	rty Patents & Copyri	ghts	
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo				

FOSTER 2



Section 5. Relationships not covered above
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Section 6. Disclosure Statement
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Dr. FOSTER has nothing to disclose.

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Cundy 1



Section 1.	Identifying Inform	ation	
1. Given Name (First Name) Peter		2. Surname (Last Name) Cundy	3. Date 19-August-2015
4. Are you the corresponding author?		☐ Yes ✓ No	Corresponding Author's Name Vidyadhar Upasani, MD
5. Manuscript Title Evaluation of Brace Treatment for Dislocated Infantile Developmental Dysplasia of the Hip in a Prospective Cohort: Defining the Success Rate and Variables Associated with Failure 6. Manuscript Identifying Number (if you know it)			
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Do you have any	patents, whether plan	ned, pending or issued, b	roadly relevant to the work? Yes V No

Cundy 2



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Bomar 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name) James	2. Surname (Last Name) Bomar	3. Date 28-July-2015	
4. Are you the corresponding author? Yes ✓ No		Corresponding Author's Name Vidyadhar Upasani, MD	
5. Manuscript Title Evaluation of Brace Treatment for Dislocated Infantile Developmental Dysplasia of the Hip in a Prospective Cohort: De the Success Rate and Variables Associated with Failure		ntal Dysplasia of the Hip in a Prospective Cohort: Defining	
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		-	
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Place a check in the appropriate boxes in the appropriate boxes in the appropriate boxes in the compensation.	in the table to indicate who ibed in the instructions. Us port 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.	
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intellectual Proper			
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Bomar 2



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Mubarak 1



Section 1. Identifying Info	ormation	
Given Name (First Name) Scott	2. Surname (Last Name) Mubarak	3. Date 28-July-2015
4. Are you the corresponding author?		rresponding Author's Name dyadhar Upasani, MD
5. Manuscript Title Evaluation of Brace Treatment for D the Success Rate and Variables Asso	-	Dysplasia of the Hip in a Prospective Cohort: Defining
6. Manuscript Identifying Number (if yo	ou know it)	
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	ding but not limited to grants, data m	rd party (government, commercial, private foundation, etc.) for onitoring board, study design, manuscript preparation,
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Rhino Pediatric Orthopedic Designs, Inc.		Royalties
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Mubarak 2



Section 5.	
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Medical/Orthopa	aedic publications editorial/governing board for Journal of Pediatric Orthopedics
	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.
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	orts personal fees from Rhino Pediatric Orthopedic Designs, Inc., outside the submitted work; and Medical/blications editorial/governing board for Journal of Pediatric Orthopedics .

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Upasani 1



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ii yes, picase iiii oat tiie appropriati		
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nnovasis		
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Dr. Upasani reports personal fees from OrthoPediatrics, personal fees from Innovasis, outside the submitted work; .

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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

Wedge 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi	rst Name)	2. Surname (Last Name) Wedge	3. Date 20-August-2015
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Vidyadhar Upasani, MD
5. Manuscript Title Evaluation of Brace Treatment for Dislocated Infantile Developmental Dysplasia of the Hip in a Prospective Cohort: Defin the Success Rate and Variables Associated with Failure		ntal Dysplasia of the Hip in a Prospective Cohort: Defining	
6. Manuscript Ider	ntifying Number (if you kr	now 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 No			
Section 3.	Relevant financial	activities outside the s	ubmitted work.
of compensation	n) with entities as descri	bed in the instructions. Us	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 rel	evant conflicts of intere	est? Yes ✓ No	
	I		
Section 4.	Intellectual Proper	rty Patents & Copyrig	hts
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo			

Wedge 2



Section 5. 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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Castaneda 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fi Pablo	rst Name)	2. Surname (Last Name) Castaneda	3. Date 02-September-2015	
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Vidyadhar Upasani, MD	
5. Manuscript Title Evaluation of Brace Treatment for Dislocated Infantile Developmental Dysplasia of the Hip in a Prospective Cohort: Definin the Success Rate and Variables Associated with Failure			ntal Dysplasia of the Hip in a Prospective Cohort: Defining	
	ntifying Number (if you kr			
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of compensation clicking the "Add	n) with entities as descri	bed in the instructions. Us port 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 .	
Section 4.	Intellectual Proper	rty Patents & Copyrig	ıhts	
Do you have any			oadly relevant to the work? Yes V No	

Castaneda 2



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Dr. Castaneda has nothing to disclose.

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Clarke 1



Section 1.	Identifying Inform	ation		
1. Given Name (Fi Nicholas	rst Name)	2. Surname (Last Name) Clarke		3. Date 02-September-2015
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Nar Vidyadhar Upasani, MD	me
			ental Dysplasia of the Hip in	a Prospective Cohort: Defining
6. Manuscript Idei	ntifying Number (if you kn	ow it)		
			_	
Section 2.	The Work Under Co	onsideration for Public	ation	
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, cor ta monitoring board, study des	mmercial, private foundation, etc.) for sign, manuscript preparation,
Section 3.	Dalamat Caracial	and the annual dealers	alanika dan da	
		activities outside the s		ationships (regardless of amount
of compensation	n) with entities as descri	bed in the instructions. Us	e one line for each entity; a	dd as many lines as you need by onths prior to publication.
Are there any rel	evant conflicts of intere	est?		
Section 4.	Intellectual Proper	ty Patents & Copyrig	ıhts	
Do you have any	patents, whether plani	ned, pending or issued, br	oadly relevant to the work?	☐ Yes 🗸 No

Clarke 2



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Herrera-Soto, MD

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Royalties: Funds are coming in to you or your institution due to your patent

1

administrative support, etc.



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Jose	2. Surname (Last Name) Herrera-Soto, MD	3. Date 02-September-2015
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Vidyadhar Upasani, MD
5. Manuscript Title Evaluation of Brace Treatment for Dislo the Success Rate and Variables Associat	-	ntal Dysplasia of the Hip in a Prospective Cohort: Defining
6. Manuscript Identifying Number (if you kr	now it)	
Section 2. The Work Under Co	onsideration for Public	ation
	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the s	ubmitted work.
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Name of Entity	Grant? Personal Fees? S	Other? Comments
Biomet Spine		Lectures and Consultancy
Section 4. Intellectual Proper	rty Patents & Copyric	ıhts
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the work?

Herrera-Soto, MD



Section 5. Polationships not severed above
Relationships not covered above
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Dr. Herrera-Soto, MD reports other from Biomet Spine, outside the submitted work; .

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Herrera-Soto, MD 3



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Kasser 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name) James	2. Surname (Last Name) Kasser	3. Date 01-September-2015	
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Vidyadhar Upasani, MD	
5. Manuscript Title Evaluation of Brace Treatment for Dislocated Infantile Developmental Dysplasia of the Hip in a Prospective Cohort: Defining the Success Rate and Variables Associated with Failure 6. Manuscript Identifying Number (if you know it)			
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Section 3. Relevant financial	activities outside the su	ubmitted work.	
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Do you have any patents, whether plar	nned, pending or issued, bro	oadly relevant to the work? Yes V No	

Kasser 2



Section 5. Relationships not covered above
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Kelley 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Simon	2. Surname (Last Name) Kelley	3. Date 20-August-2015	
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Vidyadhar Upasani, MD	
5. Manuscript Title Evaluation of Brace Treatment for Dislocated Infantile Developmental Dysplasia of the Hip in a Prospective Cohort: Defining the Success Rate and Variables Associated with Failure 6. Manuscript Identifying Number (if you know it)			
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Section 4. Intellectual Prope	erty Patents & Copyrig	hts	
Do you have any patents, whether pla	nned, pending or issued, bro	oadly relevant to the work?	

Kelley 2



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Dr. Kelley has nothing to disclose.

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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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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued **Issued:** The patent has been issued 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

Matheney 1



Section 1.	Identifying Inform	nation	
1. Given Name (First Name) Travis		2. Surname (Last Name) Matheney	3. Date 02-September-2015
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Vidyadhar Upasani, MD
5. Manuscript Title Evaluation of Brace Treatment for Dislocated Infantile Developmental Dysplasia of the Hip in a Prospective Cohort: Defining the Success Rate and Variables Associated with Failure 6. Manuscript Identifying Number (if you know 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 ta monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	ubmitted work.
of compensation clicking the "Add	ı) with entities as descri	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 se present during the 36 months prior to publication.
Section 4.	Intellectual Proper	ty Patents & Copyric	yhts
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? ☐ Yes ✓ No

Matheney 2



Section 5. Relationships not severed above
Relationships not covered above
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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 statements On occasion, journals may ask authors to disclose further information about reported relationships.
Section 6. Disclosure Statement
Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Matheney has nothing to disclose.

Evaluation and Feedback

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Matheney 3



Instructions

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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

Moseley 1



Section 1.	Identifying Inform	ation		
1. Given Name (Fii Colin	rst Name)	2. Surname (Last Name) Moseley		3. Date 26-August-2105
4. Are you the corresponding author? Yes ✓		☐ Yes 🗸 No	Corresponding Author's Nan Vidyadhar Upasani, MD	ne
		-	ental Dysplasia of the Hip in	a Prospective Cohort: Defining
6. Manuscript Ider	ntifying Number (if you kn	now it)	_	
Section 2				
Section 2.	The Work Under Co	onsideration for Publi	cation	
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, d	a third party (government, con ata monitoring board, study des	nmercial, private foundation, etc.) for sign, manuscript preparation,
Section 2				
Section 3.	Relevant financial	activities outside the	submitted work.	
of compensation clicking the "Add) with entities as descri	bed in the instructions. U port relationships that we	se one line for each entity; a	ationships (regardless of amount dd as many lines as you need by onths prior to publication.
	l			
Section 4.	Intellectual Proper	ty Patents & Copyri	ghts	
Do you have any	patents, whether plan	ned, pending or issued, b	roadly relevant to the work?	☐ Yes 🗸 No

Moseley 2



Section 5. 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 6. Disclosure Statement
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Dr. Moseley has nothing to disclose.

Evaluation and Feedback

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Moseley 3



Instructions

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Royalties: Funds are coming in to you or your institution due to your patent

Mulpuri 1



Section 1. Identifying Inform	ation	
1. Given Name (First Name) Kishore	2. Surname (Last Name) Mulpuri	3. Date 19-August-2015
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Vidyadhar Upasani, MD
5. Manuscript TitleEvaluation of Brace Treatment for Dislocthe Success Rate and Variables Associat6. Manuscript Identifying Number (if you known to be a success)	ed with Failure	ental Dysplasia of the Hip in a Prospective Cohort: Defining
Section 2. The Work Under Co	onsideration for Public	cation
any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of intere	but not limited to grants, daest? Yes No ormation below. If you hav	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation, we more than one entity press the "ADD" button to add a row
Name of Institution/Company	Grant	n-Financial other? Comments
nternational Hip Dysplasia Institute	✓	Study Centre Research Support
Section 3. Relevant financial	activities outside the s	submitted work.
of compensation) with entities as descri	bed in the instructions. Us port relationships that wer est?	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 .
Name of Entity	Grant	n-Financial other? Comments
Depuy, Johnson & Johnson	✓	Research Support

Mulpuri 2



Section 4. Intellectual Property Patents & Copyrights
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Volume
Section 5. 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 6. Disclosure Statement
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.
Dr. Mulpuri reports grants from International Hip Dysplasia Institute, during the conduct of the study; grants from Depuy, Johnson & Johnson, outside the submitted work;.

Evaluation and Feedback

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

Mulpuri 3



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Narayanan 1



Section 1. Identifying Inform	nation			
1. Given Name (First Name) Unni G.	2. Surname (Last Name) Narayanan		3. Date 01-September-2015	
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Nar Vidyadhar Upasani, MD	me	
5. Manuscript Title Evaluation of Brace Treatment for Dislocated Infantile Developmental Dysplasia of the Hip in a Prospective Cohort: Defining the Success Rate and Variables Associated with Failure 6. Manuscript Identifying Number (if you know it)				
		_		
Section 2. The Work Under Co	onsideration for Publi	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	but not limited to grants, da			
Section 3. Relevant financial	activities outside the	submitted work.		
Place a check in the appropriate boxes i of compensation) with entities as descri clicking the "Add +" box. You should rep Are there any relevant conflicts of interes	ibed in the instructions. Us port relationships that we	se one line for each entity; a	dd as many lines as you need by	
Section 4. Intellectual Property				
Intellectual Proper	rty Patents & Copyri	ghts		
Do you have any patents, whether plan	ned, pending or issued, bı	roadly relevant to the work?	☐ Yes ✓ No	

Narayanan 2



Section 5. Relationships not covered above
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Yes, the following relationships/conditions/circumstances are present (explain below):
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Dr. Narayanan has nothing to disclose.

Evaluation and Feedback

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Narayanan 3



Instructions

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Price 1



Section 1.	Identifying Inform	ation		
1. Given Name (Fi	rst Name)	2. Surname (Last Name) Price		. Date 0-August-2015
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Vidyadhar Upasani, MD	
		-	ntal Dysplasia of the Hip in a	Prospective Cohort: Defining
6. Manuscript Ider	ntifying Number (if you kr	now it)		
			-	
Section 2.	The Work Under Co	onsideration for Public	ation	
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, comn ta monitoring board, study desig	mercial, private foundation, etc.) for gn, manuscript preparation,
Section 3.	Delevent finencial	و مله واداده و داداده و داداد	والمسافقة عالي مارو	
Place a check in to of compensation clicking the "Add	the appropriate boxes i) with entities as descri	bed in the instructions. Us port relationships that wer	ether you have financial relati	ionships (regardless of amount d as many lines as you need by nths prior to publication.
Section 4.	Intellectual Proper	ty Patents & Copyrig	hts	
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? [Yes ✓ No

Price 2



Section 5. Relationships not covered above
Relationships not covered above
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Dr. Price has nothing to disclose.

Evaluation and Feedback

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Price 3



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Sankar 1



Section 1. Identifying Inform	nation	
Given Name (First Name) Wudbhav	2. Surname (Last Name) Sankar	3. Date 19-August-2015
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Vidyadhar Upasani, MD
5. Manuscript Title Evaluation of Brace Treatment for Dislo- the Success Rate and Variables Associat	-	ental Dysplasia of the Hip in a Prospective Cohort: Defining
6. Manuscript Identifying Number (if you kr	now it)	
		_
Section 2. The Work Under Co	onsideration for Public	ation
	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3. Relevant financial	activities outside the s	ubmitted work.
of compensation) with entities as descri	ibed in the instructions. Us port relationships that wer est?	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 .
Name of Entity	Grant? Personal Nor	n-Financial Other? Comments
Wolters Kluwer Health		Royalties for edited textbook
Section 4. Intellectual Proper	rty Patents & Copyric	jhts
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the work? ☐ Yes ✓ No

Sankar 2



Section 5. Relationships not covered 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 statements On occasion, journals may ask authors to disclose further information about reported relationships.
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. Sankar reports personal fees from Wolters Kluwer Health, outside the submitted work; .

Evaluation and Feedback

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

Sankar 3



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.

Identifying information.

2. 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".

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. Intellectual Property.

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

Relationships not covered above.

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.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued **Issued:** The patent has been issued 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

Williams 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi	rst Name)	2. Surname (Last Name) Williams	3. Date 01-September-2015
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Vidyadhar Upasani, MD
		-	ental Dysplasia of the Hip in a Prospective Cohort: Defining
	ntifying Number (if you kr		
			-
Section 2.	The Work Under Co	onsideration for Public	ation
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 ta monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	ubmitted 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 e present during the 36 months prior to publication.
Section 4.	Intellectual Proper	ty Patents & Copyrig	phts
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? ☐ Yes ✓ No

Williams 2



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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. Williams has nothing to disclose.

Evaluation and Feedback

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

Williams 3