

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.

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4. Intellectual Property.

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

5. Relationships not covered above.

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
BRUCE KRISTIAN

2. Surname (Last Name)
FOSTER

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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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Section 6. Disclosure Statement

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Dr. FOSTER has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Peter	2. Surname (Last Name) Cundy	3. Date 19-August-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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		
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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Cundy has nothing to disclose.

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Section 1. Identifying Information

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: Defining the Success Rate and Variables Associated with Failure

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Mr. Bomar has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Scott	2. Surname (Last Name) Mubarak	3. Date 28-July-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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		
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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Rhino Pediatric Orthopedic Designs, Inc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Royalties

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Medical/Orthopaedic publications editorial/governing board for Journal of Pediatric Orthopedics

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Dr. Mubarak reports personal fees from Rhino Pediatric Orthopedic Designs, Inc., outside the submitted work; and Medical/Orthopaedic publications editorial/governing board for Journal of Pediatric Orthopedics .

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1. Given Name (First Name)

Vidyadhar

2. Surname (Last Name)

Upasani

3. Date

28-July-2015

4. Are you the corresponding author?

☒ Yes ☐ No

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

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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
OrthoPedicatrics	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Innovasis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Dr. Upasani reports personal fees from OrthoPediatrics, personal fees from Innovasis, outside the submitted work; .

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
John

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: Defining the Success Rate and Variables Associated with Failure

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

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Wedge has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Pablo	2. Surname (Last Name) Castaneda	3. Date 02-September-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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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Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Castaneda has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Nicholas

2. Surname (Last Name)
Clarke

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)

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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Dr. Clarke has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Jose	2. Surname (Last Name) Herrera-Soto, MD	3. Date 02-September-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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		
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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? ☒ Yes ☐ No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Biomet Spine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Lectures and Consultancy

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Herrera-Soto, MD reports other from Biomet Spine, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

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
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Dr. Kasser has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

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)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Kelley has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

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)

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Dr. Matheney has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Colin

2. Surname (Last Name)
Moseley

3. Date
26-August-2105

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

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Moseley has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

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 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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Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
International Hip Dysplasia Institute	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Study Centre Research Support

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Depuy, Johnson & Johnson	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research Support

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Mulpuri reports grants from International Hip Dysplasia Institute, during the conduct of the study; grants from Depuy, Johnson & Johnson, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

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 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

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Dr. Narayanan has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Charles	2. Surname (Last Name) Price	3. Date 20-August-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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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):
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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. Price has nothing to disclose.

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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.

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.

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Definitions.

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

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Other: Anything not covered under the previous three boxes

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Wudbhav	2. Surname (Last Name) Sankar	3. Date 19-August-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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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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

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Are there any relevant conflicts of interest? ☒ Yes ☐ No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Wolters Kluwer Health	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Royalties for edited textbook

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No

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

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Section 1. Identifying Information

1. Given Name (First Name)
Nicole

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

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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