

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)
Rachel

2. Surname (Last Name)
DiFazio

3. Date
18-September-2015

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

5. Manuscript Title
The Effect of Spastic Hip Dysplasia on Health Related Quality of Life in Non-Ambulatory Children with Cerebral Palsy

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name)
Miller

2. Surname (Last Name)
Patricia

3. Date
23-September-2015

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Rachel DiFazio

5. Manuscript Title
The Effect of Spastic Hip Dysplasia on Health Related Quality of Life in Non-Ambulatory Children with Cerebral Palsy

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1. Given Name (First Name)
Benjamin

2. Surname (Last Name)
Shore

3. Date
23-September-2015

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☐ Yes ☒ No

Corresponding Author's Name
Rachel DiFazio

5. Manuscript Title
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1. Given Name (First Name) Brian	2. Surname (Last Name) Snyder	3. Date 23-September-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Rachel DiFazio
5. Manuscript Title The Effect of Spastic Hip Dysplasia on Health Related Quality of Life in Non-Ambulatory Children with Cerebral Palsy		
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Judith

2. Surname (Last Name)
Vessey

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23-September-2015

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☐ Yes

☒ No

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Rachel DiFazio

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