

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.

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JOSEPH 1



JOSEPH 2



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

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JOSEPH 3



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Jo 1



Section 1.	Identifying Inform	nation	
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4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Hiroko Matsumot
5. Manuscript Title Inter- and Intra-((LCPD)		he Modified Waldenstrom	Classification for Staging of Legg-Calve-Perthes Disease
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Section 4.	Intellectual Proper	rty Patents & Copyrig	ihts
Do you have any			oadly relevant to the work? Yes V No

Jo 2



Section 5.	
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Trupia 1



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4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Hiroko Matsumoto				
	5. Manuscript Title Inter- and Intra-Observer Reliability of the Modified Waldenstrom Classification for Staging of Legg-Calve-Perthes Disease (LCPD)						
6. Manuscript Ider	ntifying Number (if you kr	now it)					
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of compensation clicking the "Add	the appropriate boxes i n) with entities as descri	n the table to indicate wholes 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.				
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Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? ☐ Yes ✓ No				

Trupia 2



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1

Kim



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1. Given Name (Fi Harry	, ,	2. Surname (Last Name) Kim	3. Date 20-June-2014
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Hiroko Matsumoto
5. Manuscript Title Inter- and Intra-((LCPD)		he Modified Waldenstrom	Classification for Staging of Legg-Calve-Perthes Disease
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Kim 2



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	ubmitted work (including				-	r, commercial, private foundation y design, manuscript preparation	
Are there any rele	evant conflicts of intere	est? Yes	√ No				
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of compensation) with entities as descri	bed in the instr	uctions. Us	e one line fo	r each entit	relationships (regardless of a ty; add as many lines as you r 6 months prior to publicati	need by
-	evant conflicts of intere	<u></u> .	No		3		
•	out the appropriate info						
Name of Entity		Grant•		-Financial upport	Other?	Comments	
Children's Spine Four	ndation (CSSG)	✓					
coliosis Research So	ciety (SRS)	√					
Pediatric Orthopaedio America (POSNA)	Society of North	✓					
Cerebral Palsy Interna Foundation (CPIRF)	ational Research	✓					
Orthopaedic Research Foundation (OREF)	n and Education	✓					
Biomet					✓ Tr	avel Costs	



Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Medtronic				√	Travel Costs	
DePuy				✓	Travel Costs	
Synthes				✓	Travel Costs	
Stryker				✓	Travel Costs	
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Do you have any patents, whether plann	ied, pend	ing or issue	ed, broadly releva	nt to the	work?	
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Dr. Matsumoto reports grants from Child from Pediatric Orthopaedic Society of N Foundation (CPIRF), grants from Orthop Medtronic, other from DePuy, other from	orth Ame	erica (POSN search and	A), grants from Ce Education Found	erebral Pa ation (OR	alsy International Research EF), other from Biomet, other from	ts



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4. Are you the corresponding author?	Yes ✓ No	Correspond Hiroko Ma	ding Author's Name atsumoto		
5. Manuscript Title Inter- and Intra-Observer Reliability of th (LCPD)	ne Modified Waldens	strom Classificatio	on for Staging of Legg-Cal	ve-Perthes Disease	<u> </u>
6. Manuscript Identifying Number (if you kno	ow it)				
Section 2. The Work Under Co	onsideration for P	ublication			
Did you or your institution at any time received any aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of interests	ve payment or services but not limited to grai	s from a third party			c.) for
Section 3. Polougat financial a					
Relevant financial a	activities outside	the submitted	work.		
Place a check in the appropriate boxes ir of compensation) with entities as descrik clicking the "Add +" box. You should rep	oed in the instructio	ns. Use one line fo	or each entity; add as man	ny lines as you need	d by
Are there any relevant conflicts of interes	st? ✓ Yes	No			
If yes, please fill out the appropriate info	rmation below.				
Name of Entity	Grant? Personal Fees?	Non-Financial Support?	Other? Comments		
Pediatric Orthopaedic Society of North America (POSNA)	✓				
OMeGA Medical Grants			✓ Divisional Suppor	rt	
International Society of Orthopaedic Surgery and Traumatology (SICOT)		\checkmark	Board of Director	S	
American Academy for Cerebral Palsy and Developmental Medicine (AACPDM)		\checkmark	■ Board of Director	S	
American Academy of Pediatrics (AAP)		\checkmark	⊌ Board		
Pediatric Orthopaedic Society of North		✓	■ Board		



Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Scoliosis Research Society (SRS)	✓		√	✓	Divisional Support	
Stryker			\checkmark	✓	Divisional Support	
Continu A						
Section 4. Intellectual Propert	y Pate	ents & Co _l	pyrights			
Do you have any patents, whether planne	ed, pend	ing or issue	ed, broadly releva	nt to the	work? Yes No	
Section 5. Relationships not co	overed	above				
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Section 6. Disclosure Statemen	nt					
Based on the above disclosures, this form below.		omatically (generate a disclos	sure state	ement, which will appear in the box	(
Dr. Hyman reports grants from POSNA, o other from AACPDM, non-financial supp financial support and other from SRS, no	ort and c	ther from /	AAP, non-financia	l support	and other from POSNA, grants, no	n-



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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".

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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

Mulpuri 1



Section 1.	Identifying Inform	nation				
1. Given Name (First Name) Kishore		2. Surname (Last Name) Mulpuri	3. Date 23-June-2014			
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Hiroko Matsumoto			
5. Manuscript Title Inter- and Intra-Observer Reliability of the M (LCPD)		he Modified Waldenstrom	Classification for Staging of Legg-Calve-Perthes Disease			
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			-			
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Section 3.	Relevant financial	activities outside the s	ubmitted work.			
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Section 4.	Intellectual Prope	rty Patents & Copyrig	hts			
Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work?			

Mulpuri 2



Section 5. Polationships no	t account all all acco				
Relationships no	t covered above				
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Section 6. Disclosure Staten	nent				
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Royalties: Funds are coming in to you or your institution due to your patent

Wright 1



Section 1.	Identifying Inform	aation				
	identifying inform					
 Given Name (First Name) Margaret 		2. Surname (Last Name) Wright	3. Date 18-June-2014			
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's Name Hiroko Matsumoto			
5. Manuscript Title Inter- and Intra-Observer Reliability of th (LCPD)		he Modified Waldenstrom	Classification for Staging of Legg-Calve-Perthes Disease			
6. Manuscript Identifying Number (if you know it)						
			-			
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Section 3.	Relevant financial	activities outside the s	ubmitted work.			
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Section 4.	Intellectual Proper	ty Patents & Copyrig	hts			
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo						

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