

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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2. The work under consideration for publication.

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4. Intellectual Property.

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Pending: The patent has been filed but not issued

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

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Section 1. Identifying Information

1. Given Name (First Name)
BENJAMIN

2. Surname (Last Name)
JOSEPH

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 the Modified Waldenstrom Classification for Staging of Legg-Calve-Perthes Disease (LCPD)

6. Manuscript Identifying Number (if you know it)

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Dr. JOSEPH has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Chan-Hee

2. Surname (Last Name)
Jo

3. Date
18-June-2014

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Hiroko Matsumot

5. Manuscript Title
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1. Given Name (First Name)
Evan

2. Surname (Last Name)
Trupia

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 the Modified Waldenstrom Classification for Staging of Legg-Calve-Perthes Disease (LCPD)

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Section 1. Identifying Information

1. Given Name (First Name)
Harry

2. Surname (Last Name)
Kim

3. Date
20-June-2014

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Hiroko Matsumoto

5. Manuscript Title
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Dr. Kim has nothing to disclose.

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Hiroko

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Matsumoto

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18-June-2014

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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Children's Spine Foundation (CSSG)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Scoliosis Research Society (SRS)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pediatric Orthopaedic Society of North America (POSNA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cerebral Palsy International Research Foundation (CPIRF)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Orthopaedic Research and Education Foundation (OREF)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Biomet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Travel Costs

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Medtronic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Travel Costs
DePuy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Travel Costs
Synthes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Travel Costs
Stryker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Travel Costs

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. Matsumoto reports grants from Children's Spine Foundation (CSSG), grants from Scoliosis Research Society (SRS), grants from Pediatric Orthopaedic Society of North America (POSNA), grants from Cerebral Palsy International Research Foundation (CPIRF), grants from Orthopaedic Research and Education Foundation (OREF), other from Biomet, other from Medtronic, other from DePuy, other from Synthes, other from Stryker, 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) Joshua	2. Surname (Last Name) Hyman	3. Date 18-June-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Identifying 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 (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 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 publication**.

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
Pediatric Orthopaedic Society of North America (POSNA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OMeGA Medical Grants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Divisional Support
International Society of Orthopaedic Surgery and Traumatology (SICOT)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Board of Directors
American Academy for Cerebral Palsy and Developmental Medicine (AACPDM)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Board of Directors
American Academy of Pediatrics (AAP)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Board
Pediatric Orthopaedic Society of North America (POSNA)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Board

ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Scoliosis Research Society (SRS)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Divisional Support
Stryker	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Divisional Support

Section 4. Intellectual Property -- Patents & Copyrights

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

Section 5. Relationships not covered above

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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. Hyman reports grants from POSNA, other from OMeGA, non-financial support from SICOT, non-financial support and other from AACPD, non-financial support and other from AAP, non-financial support and other from POSNA, grants, non-financial support and other from SRS, non-financial support and other from Stryker, outside the submitted work; .

ICMJE Form for Disclosure of Potential Conflicts of Interest

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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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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

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 Modified Waldenstrom Classification for Staging of Legg-Calve-Perthes Disease (LCPD)

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

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Dr. Mulpuri 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)

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 the Modified Waldenstrom Classification for Staging of Legg-Calve-Perthes Disease (LCPD)

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