

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Given Name (First Name)

Carlo

2. Surname (Last Name)

Camathias

3. Date

30-May-2014

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Patrick Vavken

5. Manuscript Title

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Celina

2. Surname (Last Name)

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☒ No

Corresponding Author's Name

Patrick Vavken

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30-May-2014

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Patrick Vavken

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Erich

2. Surname (Last Name)
Rutz

3. Date
30-May-2014

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Patrick Vavken

5. Manuscript Title

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Vavken

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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)
Stephanie

2. Surname (Last Name)
Jünemann

3. Date
30-May-2014

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Patrick Vavken

5. Manuscript Title

Long-term results and outcome predictors in one-stage hip reconstruction in children suffering from cerebral palsy.

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.)?

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Dr. Rutz has nothing to disclose.

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