

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)
Klaus A.

2. Surname (Last Name)
Siebenrock

3. Date
05-March-2014

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

5. Manuscript Title
Anteverting periacetabular osteotomy for symptomatic acetabular retroversion: Results at 10 years

6. Manuscript Identifying Number (if you know it)
JBJS-D-13-00842R2

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

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Dr. Siebenrock 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) Moritz	2. Surname (Last Name) Tannast	3. Date 05-March-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Klaus Siebenrock
5. Manuscript Title Anteverting periacetabular osteotomy for symptomatic acetabular retroversion: Results at 10 years		
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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
Swiss National Science Foundation	<input checked="" type="checkbox"/>	<input 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. Tannast has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Claudio	2. Surname (Last Name) Schaller	3. Date 05-March-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Klaus Siebenrock
5. Manuscript Title Anteverting periacetabular osteotomy for symptomatic acetabular retroversion: Results at 10 years		
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1. Given Name (First Name) Marius J.	2. Surname (Last Name) Keel	3. Date 05-March-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Klaus Siebenrock
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1. Given Name (First Name) Lorenz	2. Surname (Last Name) Büchler	3. Date 05-March-2014
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Klaus Siebenrock
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Dr. Büchler has nothing to disclose.

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