

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

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".

#### 3. Relevant financial activities outside the submitted work.

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Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

#### 5. Relationships not covered above.

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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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Jeffrey

2. Surname (Last Name)

Ackerman

3. Date

17-July-2015

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

John C. Clohisy, MD

5. Manuscript Title

Patient-Reported Outcomes of the Periacetabular Osteotomy: The Prospective ANCHOR Cohort study

6. Manuscript Identifying Number (if you know it)

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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

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

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Dr. Ackerman has nothing to disclose.

### Evaluation and Feedback

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### Section 1. Identifying Information

1. Given Name (First Name)  
Geneva

2. Surname (Last Name)  
Baca

3. Date  
14-July-2015

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name  
John C. Clohisy, MD

5. Manuscript Title

Patient-Reported Outcomes of the Periacetabular Osteotomy: The Prospective ANCHOR Cohort study

6. Manuscript Identifying Number (if you know it)

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Ms. Baca 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)  
John

2. Surname (Last Name)  
Clohisy

3. Date  
17-July-2015

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

5. Manuscript Title  
Patient-Reported Outcomes of the Periacetabular Osteotomy: The Prospective ANCHOR Cohort study

6. Manuscript Identifying Number (if you know it)

### Section 2. The Work Under Consideration for Publication

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Institute of Clinical and Translational Sciences	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ANCHOR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fund
Curing Hip Disease fund	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fund
Smith and Nephew	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NFL Charities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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If yes, please fill out the appropriate information below.



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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Zimmer, Inc	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pivot Medical	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Smith and Nephew	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Microport Orthopedics, Inc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consultant
Smith and Nephew	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Consultant
Wolters Kluwer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Publication Royalties

### 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. Clohisy reports grants from Institute of Clinical and Translational Sciences, other from ANCHOR, other from Curing Hip Disease fund, grants from Smith and Nephew, grants from NFL Charities, during the conduct of the study; grants from Zimmer, Inc, grants from Pivot Medical, grants from Smith and Nephew, other from Microport Orthopedics, Inc, other from Smith and Nephew, other from Wolters Kluwer, outside the submitted work; .

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### Section 1. Identifying Information

1. Given Name (First Name)  
Perry

2. Surname (Last Name)  
Schoenecker

3. Date  
17-July-2015

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
John C. Clohisy, MD

5. Manuscript Title  
Patient-Reported Outcomes of the Periacetabular Osteotomy: The Prospective ANCHOR Cohort study

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Dr. Schoenecker has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Ernest

2. Surname (Last Name)  
Sink

3. Date  
08-July-2015

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name  
John C. Clohisy, MD

5. Manuscript Title

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Dr. Sink has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Young-Jo	2. Surname (Last Name) Kim	3. Date 20-July-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name John C. Clohisy, MD
5. Manuscript Title Patient-Reported Outcomes of the Periacetabular Osteotomy: The Prospective ANCHOR Cohort study		
6. Manuscript Identifying Number (if you know it) 		

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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

### Section 4. Intellectual Property -- Patents & Copyrights

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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Kim 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)  
Daniel

2. Surname (Last Name)  
Sucato

3. Date  
09-July-2015

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name  
John C. Clohisy, MD

5. Manuscript Title

Patient-Reported Outcomes of the Periacetabular Osteotomy: The Prospective ANCHOR Cohort study

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?

☐ Yes

☒ No

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Jack	2. Surname (Last Name) Baty	3. Date 09-July-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name John C. Clohisy, MD
5. Manuscript Title Patient-Reported Outcomes of the Periacetabular Osteotomy: The Prospective ANCHOR Cohort study		
6. Manuscript Identifying Number (if you know it)  		

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

### Section 3. Relevant financial activities outside the submitted work.

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

### Section 4. Intellectual Property -- Patents & Copyrights

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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Baty 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) Michael	2. Surname (Last Name) Millis	3. Date 10-July-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name John C. Clohisy, MD
5. Manuscript Title Patient-Reported Outcomes of the Periacetabular Osteotomy: The Prospective ANCHOR Cohort study		
6. Manuscript Identifying Number (if you know it) 		

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

### Section 3. Relevant financial activities outside the submitted work.

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

### Section 4. Intellectual Property -- Patents & Copyrights

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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 5. Relationships not covered above

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Dr. Millis 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)  
Paul

2. Surname (Last Name)  
Beaule

3. Date  
09-July-2015

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
John C. Clohisy, MD

5. Manuscript Title  
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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Beaulé has nothing to disclose.

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
David

2. Surname (Last Name)  
Podeszwa

3. Date  
09-July-2015

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name  
John C. Clohisy, MD

5. Manuscript Title

Patient-Reported Outcomes of the Periacetabular Osteotomy: The Prospective ANCHOR Cohort study

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.

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

### 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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Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Rafael	2. Surname (Last Name) Sierra	3. Date 09-July-2015
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name John C. Clohisy, MD
5. Manuscript Title Patient-Reported Outcomes of the Periacetabular Osteotomy: The Prospective ANCHOR Cohort study		
6. Manuscript Identifying Number (if you know it)  		

### Section 2. The Work Under Consideration for Publication

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

### Section 3. Relevant financial activities outside the submitted work.

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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
Biomet	<input checked="" type="checkbox"/>	<input checked="" 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



## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 5. Relationships not covered above

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Dr. Sierra reports grants and personal fees from Biomet, outside the submitted work; .

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Robert

2. Surname (Last Name)  
Trousdale

3. Date  
21-July-2015

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name  
John C. Clohisy, MD

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)

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Dr. Trousdale 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)  
Ira

2. Surname (Last Name)  
Zaltz

3. Date  
09-July-2015

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
John C. Clohisy, MD

5. Manuscript Title  
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6. Manuscript Identifying Number (if you know it)

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Dr. Zaltz has nothing to disclose.

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