

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

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

Ackerman 1



Section 1.	Identifying Inform	nation					
1. Given Name (Fii Jeffrey	rst Name)	2. Surname (Last Name) Ackerman	3. Date 17-July-2015				
4. Are you the cor	responding 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 Ider	ntifying Number (if you kr	now it)					
			_				
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Coation A							
Section 4.	Intellectual Proper	ty Patents & Copyric	ghts				
Do you have any	patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V No				

Ackerman 2



Section 5. Belationships not sovered above	
Relationships not covered above	
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?	
Yes, the following relationships/conditions/circumstances are present (explain below):	
No other relationships/conditions/circumstances that present a potential conflict of interest	
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statement On occasion, journals may ask authors to disclose further information about reported relationships.	ts.
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. Ackerman has nothing to disclose.	

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Ackerman 3



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Baca 1



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1. Given Name (Firs Geneva	st Name)	2. Surname (Last Name) Baca	3. Date 14-July-2015				
4. Are you the corre	Are you the corresponding author?  Yes  Yes  Corresponding Author's Name  John C. Clohisy, MD						
5. Manuscript Title Patient-Reported							
6. Manuscript Ident	tifying Number (if you kn	now it)					
Section 2.	The Work Under Co	onsideration for Public	cation				
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			oadly relevant to the work? Yes V No				

Baca 2



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	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.
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Ms. Baca has no	thing to disclose.

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1. Given Name (First Name) John 2. Surname (Last Name) John 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  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  If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row.
John Clohisy 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  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
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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 Comments
nstitute of Clinical and Translational Sciences
ANCHOR Fund
Curing Hip Disease fund
Smith and Nephew
NFL Charities
Section 3. Relevant financial activities outside the submitted work.
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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Zimmer, Inc	<b>√</b>				
Pivot Medical	<b>✓</b>				
Smith and Nephew	<b>✓</b>				
Microport Orthopedics, Inc				$\checkmark$	Consultant
Smith and Nephew				$\checkmark$	Consultant
Wolters Kluwer				<b>✓</b>	Publication Royalties
Do you have any patents, whether plann	•			nt to the	work? Yes 🗸 No
Section 5. Relationships not c	overed	above			
Are there other relationships or activities potentially influencing, what you wrote i				nfluence	d, or that give the appearance of
Yes, the following relationships/cond	itions/cir	cumstance	s are present (exp	olain belo	w):
No other relationships/conditions/cir	cumstan	ces that pre	esent a potential o	conflict o	finterest
At the time of manuscript acceptance, jo On occasion, journals may ask authors to					· ·
Section 6. Disclosure Stateme	nt				
Based on the above disclosures, this form below.		omatically (	generate a disclos	sure state	ment, which will appear in the box
Dr. Clohisy reports grants from Institute Disease fund, grants from Smith and New Zimmer, Inc., grants from Pivot Medical, g Smith and Nephew, other from Wolters I	wphe, gra grants fro	ants from N om Smith ar	IFL Charities , dur nd Nephew, othe	ring the c r from Mi	onduct of the study; grants from



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Schoenecker 1



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4. Are you the cor	. Are you the corresponding author? Yes Vo 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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Schoenecker 2



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Sink 1



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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 <b>present during the 36 months prior to publication</b> .  Are there any relevant conflicts of interest? Yes V						
Section 4.	Intellectual Proper	ty Patents & Copyri	ghts			
			roadly relevant to the work? Yes V No			

Sink 2



Section 5.	Relationships not covered above		
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?		
Yes, the follow	wing relationships/conditions/circumstances are present (explain below):		
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest		
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.			
Section 6.	Disclosure Statement		
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box		
Dr. Sink has noth	ning to disclose.		

## **Evaluation and Feedback**

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Sink 3



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

1

Kim



Section 1. Identifying Inform	nation					
Given Name (First Name) Young-Jo	2. Surname (Last Name) Kim	3. Date 20-July-2015				
Are you the corresponding author?  Yes  You  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 ki	now it)					
Section 2. The Work Under C	onsideration for Public	cation				
Did you or your institution <b>at any time</b> 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 Vo						
Section 3. Relevant financial	activities outside the s	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 <b>present during the 36 months prior to publication</b> .  Are there any relevant conflicts of interest? Yes Vo						
Section 4. Intellectual Prope	rty Patents & Copyric	ghts				
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No				

Kim 2



Section 5. Polytionships not sovered above	
Relationships not covered above	
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?	
Yes, the following relationships/conditions/circumstances are present (explain below):	
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Section 6. Disclosure Statement	
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Dr. Kim has nothing to disclose.	

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Sucato 1



Section 1.	Identifying Inform	ation	
1. Given Name (Firs Daniel	t Name)	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 Perio	acetabular Osteotomy: Th	ne Prospective ANCHOR Cohort study
6. Manuscript Ident	ifying Number (if you kn	now it)	
Section 2.	The Work Under Co	onsideration for Publi	cation
any aspect of the su statistical analysis, e	bmitted work (including	but not limited to grants, d	n a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the	submitted work.
of compensation) clicking the "Add -	with entities as descri	bed in the instructions. Uport relations hips that we	nether you have financial relationships (regardless of amount lse one line for each entity; add as many lines as you need by ere present during the 36 months prior to publication.
Section 4.	Intellectual Proper	ty Patents & Copyri	ghts
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo			

Sucato 2



Section 5. Relationships not severed above
Relationships not covered above
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**Royalties:** Funds are coming in to you or your institution due to your patent

Baty 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi Jack	rst Name)	2. Surname (Last Name) Baty	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		acetabular Osteotomy: The	e Prospective ANCHOR Cohort study
6. Manuscript Ider	ntifying Number (if you kr	now it)	
			_
Section 2.	The Work Under Co	onsideration for Public	cation
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ita monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	submitted work.
of compensation clicking the "Add	) with entities as descri	ibed 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 re present during the 36 months prior to publication.
Section 4.	Intellectual Proper	rty Patents & Copyri	ghts
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo			

Baty 2



Section 5.	Deletionshing not covered above				
	Relationships not covered above				
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?					
Yes, the follow	wing relationships/conditions/circumstances are present (explain below):				
✓ No other relat	✓ No other relationships/conditions/circumstances that present a potential conflict of interest				
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Section 6.	Disclosure Statement				
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Dr. Baty has noth	ning to disclose.				

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Millis 1



Section 1.	Identifying Inform	ation	
1. Given Name (Firs Michael	st Name)	2. Surname (Last Name) Millis	3. Date 10-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 Perio	acetabular Osteotomy: The	e Prospective ANCHOR Cohort study
6. Manuscript Iden	tifying Number (if you kr	ow it)	
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Section 3.	Relevant financial	activities outside the s	uhmitted work
Place a check in the of compensation) clicking the "Add	he appropriate boxes i with entities as descri	n the table to indicate wh bed in the instructions. Us port relationships that we	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 planned, pending or issued, broadly relevant to the work? Yes Vo			

Millis 2



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Beaule 1



Section 1.	Identifying Inform	nation		
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	
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Section 3.				
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Section 4.	Intellectual Proper	ty Patents & Copyric	yhts	
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Beaule 2



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## 4. Intellectual Property.

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

## Relationships not covered above.

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**Pending:** The patent has been filed but not issued **Issued:** The patent has been issued by the agency

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

Podeszwa 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fir David	rst Name)	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		acetabular Osteotomy: Th	e Prospective ANCHOR Cohort study
6. Manuscript Ider	ntifying Number (if you kr	now it)	
Section 2.	The Work Under Co	onsideration for Public	cation
any aspect of the s statistical analysis,	ubmitted work (including	but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ita monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	submitted work.
of compensation clicking the "Add	) with entities as descri	ibed in the instructions. Us port relationships that we	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by re present during the 36 months prior to publication.
Section 4.	Intellectual Proper	rty Patents & Copyri	ghts
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo			

Podeszwa 2



Section 5. Relationships not severed above
Relationships not covered above
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?
Yes, the following relationships/conditions/circumstances are present (explain below):
✓ No other relationships/conditions/circumstances that present a potential conflict of interest
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.
Section 6. Disclosure Statement
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Dr. has nothing to disclose.

### **Evaluation and Feedback**

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Podeszwa 3



#### **Instructions**

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Sierra 1



Section 1. Identifying Inform	nation			
1. Given Name (First Name) Rafael	2. Surname (Last Name) Sierra	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 Per	iacetabular Osteotomy: The	e Prospective ANCHOR Cohort study		
6. Manuscript Identifying Number (if you k	now it)			
		_		
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Did you or your institution <b>at any time</b> 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 inter	rest?			
Section 3. Polovant financial	activities outside the s	upmitted work		
Place a check in the appropriate boxes of compensation) with entities as descr	in the table to indicate wh ribed 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 the present during the 36 months prior to publication.		
If yes, please fill out the appropriate inf	ormation below.			
Name of Entity	Grant? Personal Noi	n-Financial other? Comments		
Biomet	<b>V</b>			
Section 4. Intellectual Prope	rty Patents & Copyric	ghts		
Do you have any patents, whether plan	nned, pending or issued, br	oadly relevant to the work? Yes V No		

Sierra 2



Section 5. Polationships not severed above
Relationships not covered above
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Yes, the following relationships/conditions/circumstances are present (explain below):
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Dr. Sierra reports grants and personal fees from Biomet, outside the submitted work; .

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Trousdale 1



Section 1. Identifying Info	rmation				
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 Patient-Reported Outcomes of the P	eriacetabular Osteotomy: The	e Prospective ANCHOR Cohort study			
6. Manuscript Identifying Number (if you	u know it)				
Section 2. The Work Under	Consideration for Public	cation			
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Section 4. Intellectual Prop	acutu. Datanta 9 Canani	ula é a			
Intellectual Pro	perty Patents & Copyric	gnts			
Do you have any patents, whether p	lanned, pending or issued, br	oadly relevant to the work? Yes V No			

Trousdale 2



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Dr. Trousdale has nothing to disclose.			

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Zaltz 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fi	rst Name)	2. Surname (Last Name) Zaltz	3. Date 09-July-2015		
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name John C. Clohisy, MD		
5. Manuscript Title Patient-Reported		acetabular Osteotomy: The	e Prospective ANCHOR Cohort study		
6. Manuscript lder	ntifying Number (if you kr	now it)			
			_		
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Section 3.	Relevant financial	activities outside the s	submitted work.		
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Section 4.	Intellectual Proper	rty Patents & Copyric	ghts		
Do you have any			roadly relevant to the work? Yes V No		

Zaltz 2



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Dr. Zaltz has nothing to disclose.

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