

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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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)

Andrew

2. Surname (Last Name)

Speirs

3. Date

16-March-2016

4. Are you the corresponding author?

☐

Yes

☒

No

Corresponding Author's Name

Paul Beale

5. Manuscript Title

SURGICAL CORRECTION OF HIP DEFORMITIES AND ITS IMPACT ON THE DEGENERATIVE PROCESS WITHIN THE HIP JOINT

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?

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No

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Yes

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Section 4. Intellectual Property -- Patents & Copyrights

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☐

Yes

☒

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Dr. Speirs has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)

Gerd

2. Surname (Last Name)

Melkus

3. Date

16-March-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Paul Beaulé

5. Manuscript Title

SURGICAL CORRECTION OF HIP DEFORMITIES AND ITS IMPACT ON THE DEGENERATIVE PROCESS WITHIN THE HIP JOINT

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Section 1. Identifying Information

1. Given Name (First Name) Helen	2. Surname (Last Name) Anwander	3. Date 16-March-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Paul Beale
5. Manuscript Title SURGICAL CORRECTION OF HIP DEFORMITIES AND ITS IMPACT ON THE DEGENERATIVE PROCESS WITHIN THE HIP JOINT		
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1. Given Name (First Name) Hanspeter	2. Surname (Last Name) Frei	3. Date 16-March-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Paul Beaulé
5. Manuscript Title SURGICAL CORRECTION OF HIP DEFORMITIES AND ITS IMPACT ON THE DEGENERATIVE PROCESS WITHIN THE HIP JOINT		
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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
Canadian Institutes of Health Research	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Frei reports grants from Canadian Institutes of Health Research, during the conduct of the study; .

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1. Given Name (First Name) Kawan	2. Surname (Last Name) Rakhra	3. Date 16-March-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Paul Beaulé
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Dr. Rakhra reports grants from Canadian Institutes of Health Research, during the conduct of the study; .

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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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Definitions.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Mario	2. Surname (Last Name) Lamontagne	3. Date 16-March-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Paul Beaulé
5. Manuscript Title SURGICAL CORRECTION OF HIP DEFORMITIES AND ITS IMPACT ON THE DEGENERATIVE PROCESS WITHIN THE HIP JOINT		
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. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Canadian Institutes of Health Research	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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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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- ☐ 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

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

Dr. Lamontagne reports grants from Canadian Institutes of Health Research, during the conduct of the study; .

Evaluation and Feedback

Please visit <http://www.icmje.org/cgi-bin/feedback> to provide feedback on your experience with completing this form.

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.

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".

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Paul

2. Surname (Last Name)
Beaule

3. Date
16-March-2016

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