

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.

Identifying information.

1.

The work under consideration for publication.

2.

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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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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Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

LiThe patent has been licensed to an entity, whether earning royalties or not

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)

Elizabeth

2. Surname (Last Name)

Scott

3. Date

03/25/2018

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Michael Willey

5. Manuscript Title

Unaddressed Cam Deformity is associated with elevated joint contact stress after periacetabular osteotomy

6. Manuscript Identifying Number (if you know it)

JBJS-D-17-01631R1

Section 2.

The Work Under Consideration for Publication

Did you or your institution **at any time**

Are there any relevant conflicts of interest?

☐ Yes

☒ No

Section 3.

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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. Scott has nothing to disclose.

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1. Given Name (First Name)

Michael

2. Surname (Last Name)

Willey

3. Date

03/25/2018

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☐ No

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Identifying Information

1. Given Name (First Name)
Robert

2. Surname (Last Name)
Westermann

3. Date
03/25/2018

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Michael Willey

5. Manuscript Title
Unaddressed Cam Deformity is associated with elevated joint contact stress after periacetabular osteotomy

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Dr. Westermann has nothing to disclose.

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1. Given Name (First Name)

Natalie

2. Surname (Last Name)

Glass

3. Date

03/25/2018

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Michael Willey

5. Manuscript Title

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Dr. Glass 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)

Jessica

2. Surname (Last Name)

Goetz

3. Date

21-December-2017

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Michael Willey

5. Manuscript Title

Unaddressed Cam Deformity is associated with elevated joint contact stress after periacetabular osteotomy

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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
Orthopaedic Research and Education Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Goetz reports grants from Orthopaedic Research and Education Foundation, during the conduct of the study; .

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Identifying Information

1. Given Name (First Name)

Holly

2. Surname (Last Name)

Thomas-Aitken

3. Date

03/25/2018

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Michael Willey

5. Manuscript Title

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