

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

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

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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.

Use this section to report 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.

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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)  
Apostolides

3. Date  
01-April-2019

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

5. Manuscript Title  
Correlation between the presence of ossific nucleus and the rate of avascular necrosis and number of secondary procedures in late presenting developmental dysplasia of the hip

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

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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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Mr. Apostolides 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)

Charlotte

2. Surname (Last Name)

Cross

3. Date

08-April-2019

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

Lee Hoggett

5. Manuscript Title

Acetabular Revision to Dual Mobility Cup as a Treatment for Late Dislocation Following Charnley Total Hip Arthroplasty, comparison with the use of the Posterior Lip Augmentation Device

6. Manuscript Identifying Number (if you know it)

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Dr. Cross 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)  
Charlotte

2. Surname (Last Name)  
Carpenter

3. Date  
04-May-2019

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

5. Manuscript Title  
The impact and experience of dislocation after total hip replacement: a qualitative 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
North Bristol NHS Trust Small Grants Scheme	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

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Dr. Carpenter reports grants from North Bristol NHS Trust Small Grants Scheme, during the conduct of the study; .

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Anthony

2. Surname (Last Name)

Helm

3. Date

28-April-2019

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Lee Hoggett

5. Manuscript Title

Acetabular Revision to Dual Mobility Cup as a Treatment for Late Dislocation Following Charnley Total Hip Arthroplasty, comparison with the use of the Posterior Lip Augmentation Device

6. Manuscript Identifying Number (if you know it)

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Dr. Helm has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
NICK

2. Surname (Last Name)  
CLEMENT

3. Date  
20-May-2019

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
NEIL WICKRAMASINGHE

5. Manuscript Title  
Operative Versus Non-Operative Management of Achilles Tendon Rupture

6. Manuscript Identifying Number (if you know it)

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Dr. CLEMENT 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)

KEATING

3. Date

20-May-2019

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

NEIL WICKRAMASINGHE

5. Manuscript Title

Operative Versus Non-Operative Management of Achilles Tendon Rupture

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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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. KEATING 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) JULIAN	2. Surname (Last Name) MAEMPEL	3. Date 20-May-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name NEIL WICKRAMASINGHE
5. Manuscript Title Operative Versus Non-Operative Management of Achilles Tendon Rupture		
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

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Dr. MAEMPEL 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)

NEIL

2. Surname (Last Name)

WICKRAMASINGHE

3. Date

20-May-2019

4. Are you the corresponding author?

☒ Yes ☐ No

5. Manuscript Title

Operative Versus Non-Operative Management of Achilles Tendon Rupture

6. Manuscript Identifying Number (if you know it)

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

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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. WICKRAMASINGHE 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)  
Nicholas

2. Surname (Last Name)  
Burby

3. Date  
04-February-2019

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Michael Apostolides

5. Manuscript Title

Correlation between the presence of ossific nucleus and the rate of avascular necrosis and number of secondary procedures in late presenting developmental dysplasia of the hip

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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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. Burby 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)

Andrew

2. Surname (Last Name)

Duckworth

3. Date

18-January-2019

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name

NEIL WICKRAMASINGHE

5. Manuscript Title

Operative Versus Non-Operative Management of Achilles Tendon Rupture

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



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Dr. Duckworth 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) Andrew	2. Surname (Last Name) Moore	3. Date 04-April-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Flossie Carpenter
5. Manuscript Title The impact and experience of dislocation after total hip replacement: a qualitative stud		
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
North Bristol NHS Trust Small Grants Scheme	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Section 3. Relevant financial activities outside the 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 **present during the 36 months prior to publication**.

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
North Bristol NHS Trust Research Capability Funding:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Funding to map service provision for patients with infection after hip or knee joint replacement (02/11/2015 - 01/07/2016)

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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

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

### Section 5. 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?

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### Section 6. Disclosure Statement

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Dr. Moore reports grants from North Bristol NHS Trust Small Grants Scheme, during the conduct of the study; grants from Stryker UK, outside the submitted work; .

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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)  
Lee

2. Surname (Last Name)  
Hoggett

3. Date  
08-April-2019

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

5. Manuscript Title  
Acetabular Revision to Dual Mobility Cup as a Treatment for Late Dislocation Following Charnley Total Hip Arthroplasty, comparison with the use of the Posterior Lip Augmentation Device

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

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

Dr. Hoggett has nothing to disclose.

### Evaluation and Feedback

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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) Michael	2. Surname (Last Name) Whitehouse	3. Date 04-April-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Flossie Carpenter
5. Manuscript Title The impact and experience of dislocation after total hip replacement: a qualitative stud		
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
North Bristol NHS Trust Small Grants Scheme	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### 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
Stryker UK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Funding for a cohort study to evaluate the long-term outcomes of the Triathlon knee replacement

## ICMJE Form for Disclosure of Potential Conflicts of Interest

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Heraeus, DePuy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	My institution has received payment directed to a research fund for teaching I have delivered at seminars organised by these companies

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

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

### Section 5. Relationships not covered above

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Dr. Whitehouse reports grants from North Bristol NHS Trust Small Grants Scheme, during the conduct of the study; grants from Stryker UK, other from Heraeus, DePuy, outside the submitted work; .

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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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) Vikki	2. Surname (Last Name) Wylde	3. Date 04-April-2019
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Flossie Carpenter
5. Manuscript Title The impact and experience of dislocation after total hip replacement: a qualitative stud		
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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)

Janardhan

2. Surname (Last Name)

Rao

3. Date

25-April-2019

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

M Wijesekera

5. Manuscript Title

Non-operative management versus Kirshner wiring for distal forearm Salter Harris II fractures

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

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Dr. Rao has nothing to disclose.

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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)  
Maheshi P C

2. Surname (Last Name)  
Wijesekera

3. Date  
25-April-2019

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

5. Manuscript Title  
Non-operative management versus Kirshner wiring for distal forearm Salter Harris II fractures

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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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

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?

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### 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. Wijesekera 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)  
Nicholas

2. Surname (Last Name)  
Peterson

3. Date  
25-April-2019

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
M Wijesekera

5. Manuscript Title  
Non-operative management versus Kirshner wiring for distal forearm Salter Harris II fractures

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. Peterson 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)  
David

2. Surname (Last Name)  
Kieser

3. Date  
31-May-2019

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

5. Manuscript Title

Does the sequence of skin preparation affect surgical site sterility during shoulder surgery?

6. Manuscript Identifying Number (if you know it)  
unknown

### 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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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. Kieser 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)  
Sushmith

2. Surname (Last Name)  
Gowda

3. Date  
03-April-2019

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Michael Apostolides

5. Manuscript Title  
Correlation between the presence of ossific nucleus and the rate of avascular necrosis and number of secondary procedures in late presenting developmental dysplasia of the hip

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

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 5. Relationships not covered above

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### Section 6. Disclosure Statement

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Mr. Gowda 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)  
Herv

2. Surname (Last Name)  
Vidakovic

3. Date  
13-April-2019

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

5. Manuscript Title

Does the sequence of skin preparation affect surgical site sterility during shoulder surgery?

6. Manuscript Identifying Number (if you know it)  
unknown

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

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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. Vidakovic 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)  
Mairi

2. Surname (Last Name)  
Fullarton

3. Date  
13-April-2019

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

5. Manuscript Title

Does the sequence of skin preparation affect surgical site sterility during shoulder surgery?

6. Manuscript Identifying Number (if you know it)  
unknown

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Are there any relevant conflicts of interest?

☐ Yes

☒ No

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☒ No

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

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☐ Yes

☒ No

## ICMJE Form for Disclosure of Potential Conflicts of Interest

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### Section 5. 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?

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- ☒ 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. Fullarton has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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#### 1. Identifying information.

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

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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)  
Robert

2. Surname (Last Name)  
Richards

3. Date  
05-April-2019

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Michael Apostolides

5. Manuscript Title  
Correlation between the presence of ossific nucleus and the rate of avascular necrosis and number of secondary procedures in late presenting developmental dysplasia of the hip

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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Mr. Richards 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)  
Charline

2. Surname (Last Name)  
Roslee

3. Date  
05-April-2019

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name  
Michael Apostolides

5. Manuscript Title  
Correlation between the presence of ossific nucleus and the rate of avascular necrosis and number of secondary procedures in late presenting developmental dysplasia of the hip

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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Miss Roslee 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)  
Samuel

2. Surname (Last Name)  
Trowbridge

3. Date  
13-April-2019

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

5. Manuscript Title  
Does the sequence of skin preparation affect surgical site sterility during shoulder surgery?

6. Manuscript Identifying Number (if you know it)  
unknown

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

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Dr. Trowbridge has nothing to disclose.

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