

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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)
Aidin

2. Surname (Last Name)
Eslam Pour

3. Date
10-March-2016

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name
Michael Leunig

5. Manuscript Title
Post primary sciatic nerve palsy after periacetabular osteotomy

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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Dr. Eslam Pour 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)

Reinhold

2. Surname (Last Name)

Ganz

3. Date

23-June-2016

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name

Michael Leunig

5. Manuscript Title

Delayed sciatic nerve palsy after periacetabular osteotomy

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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seed money given to Examedical S.P.A., Italy

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Dr. Ganz reports and seed money given to Examedical S.P.A., Italy.

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Section 1. Identifying Information

1. Given Name (First Name)
Michael

2. Surname (Last Name)
Leunig

3. Date
12-April-2016

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

5. Manuscript Title
Post primary Sciatic Nerve Palsy after Periacetabular Osteotomy

6. Manuscript Identifying Number (if you know it)

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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
Smith and Nephew	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Biomed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pivot	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. Leunig reports personal fees from Smith and Nephew, personal fees from Biomed, personal fees from Pivot, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)

Jonathan

2. Surname (Last Name)

Vigdorichik

3. Date

10-March-2016

4. Are you the corresponding author?

☐

Yes

☒

No

Corresponding Author's Name

5. Manuscript Title

Post Primary Sciatic Nerve Palsy after Periacetabular Osteotomy

6. Manuscript Identifying Number (if you know it)

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☐

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Dr. Vigdorichik has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Sylvia

2. Surname (Last Name)
Willi-Dähn

3. Date
16-March-2016

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Michael Leunig

5. Manuscript Title
Primary sciatic nerve palsy after periacetabular osteotomy

6. Manuscript Identifying Number (if you know it)

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Dr. Willi-Dähn has nothing to disclose.

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