

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.

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Millis 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fii Michael	rst Name)	2. Surname (Last Name) Millis		3. Date 31-August-2107
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Author's Na Benton E. Heyworth	ame
5. Manuscript Title Osteoid Osteom	e a About the Hip in Chil	dren and Adolescents		
6. Manuscript Ider	ntifying Number (if you kr	now it)		
Section 2.	The Work Under C	onsideration for Pub	lication	
any aspect of the s statistical analysis, Are there any rel	ubmitted work (including	g but not limited to grants,		ommercial, private foundation, etc.) for esign, manuscript preparation,
Section 3.	Relevant financial	activities outside the	submitted work.	
of compensation clicking the "Add Are there any rele) with entities as descri	ibed in the instructions. port relationships that west? Yes No	Use one line for each entity;	elationships (regardless of amount add as many lines as you need by months prior to publication.
Name of Entity		Grant? Personal N	on-Financial Other? Co	mments
Elsevier			Book	croyalties
Section 4.	Intellectual Proper	rty Patents & Copyi	ights	
Do you have any	•		proadly relevant to the work	? ☐ Yes ✓ No

Millis 2



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Dr. Millis reports personal fees from Elsevier, outside the submitted work.

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Heyworth 1



Section 1. Identifying	Information	
1. Given Name (First Name) Benton	2. Surname (Last Name) Heyworth	3. Date 31-August-2107
4. Are you the corresponding author	or? Yes No	
5. Manuscript Title Osteoid Osteoma About the Hip	o in Children and Adolescents	
6. Manuscript Identifying Number	(if you know it)	
Section 2. The Work III	nder Consideration for Publication	
Did you or your institution at any ti	me receive payment or services from a third party (good including but not limited to grants, data monitoring	government, commercial, private foundation, etc.) for board, study design, manuscript preparation,
Section 3. Relevant fin	ancial activities outside the submitted v	vork.
of compensation) with entities a	is described in the instructions. Use one line for ould report relationships that were present du	ve financial relationships (regardless of amount r each entity; add as many lines as you need by uring the 36 months prior to publication.
Section 4. Intellectual	Property Patents & Copyrights	
Do you have any patents, wheth	ner planned, pending or issued, broadly relevar	nt to the work? ☐ Yes 🗸 No

Heyworth 2



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Dr. Heyworth has nothing to disclose.

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Bixby 1



Section 1. Identifying I	nformation		
1. Given Name (First Name) Sarah	2. Surname (Last Name) Bixby	3. Date 31-August-2107	
4. Are you the corresponding author	r? Yes ✓ No	Corresponding Author's Name Benton E. Heyworth	
5. Manuscript Title Osteoid Osteoma About the Hip	in Children and Adolescents		
6. Manuscript Identifying Number (if	f you know it)		
		_	
Section 2. The Work Un	der Consideration for Publi	cation	
	cluding but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ata monitoring board, study design, manuscript preparation,	
Are there any relevant connects o	Timerest. Tes v 10		
Section 3. Polovant fina	ncial activities outside the	rubmitted work	
Place a check in the appropriate to of compensation) with entities as	poxes in the table to indicate wh described in the instructions. Usually report 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 P			
Intellectual P	roperty Patents & Copyri	ghts	
Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes Vo			

Bixby 2



Section 5.	Deletion shine wat account above		
	Relationships not covered above		
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Dr. Bixby has noth	ing to disclose.		

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May 1



Section 1.	dentifying Informa	ation	
1. Given Name (First Collin	Name)	2. Surname (Last Name) May	3. Date 10-July-2018
4. Are you the corres	ponding author?	Yes ✓ No	Corresponding Author's Name Benton E. Heyworth
5. Manuscript Title Osteoid Osteoma A	About the Hip in Child	ren and Adolescents	
6. Manuscript Identif	ying Number (if you kno	ow it)	
Section 2. T	he Work Under Co	nsideration for Publi	ication
any aspect of the substatistical analysis, etc	mitted work (including l	but not limited to grants, d	n a third party (government, commercial, private foundation, etc.) for lata monitoring board, study design, manuscript preparation,
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May 2



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May 3



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Anderson 1



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4. Are you the corres	sponding author?	Yes ✓ No	Corresponding Author's Name Benton E. Heyworth
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Kim 1



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any aspect of the s statistical analysis,	ubmitted work (including	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for at a monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	submitted work.
of compensation clicking the "Add	the appropriate boxes i	in the table to indicate wh 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 Prope	rty Patents & Copyri	ghts
Do you have any	patents, whether plan	ned, pending or issued, br	roadly relevant to the work? Yes V No

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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?			
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):			
✓ No other rela	tionships/conditions/circumstances that present a potential conflict of interest			
	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.			
Section 6.				
Section 6.	Disclosure Statement			
Based on the abo below.	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box			
Dr. Kim has noth	ning to disclose.			

Evaluation and Feedback

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

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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.

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".

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Intellectual Property.

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

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.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

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

Licensed: The 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

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Section 1.	Identifying Inform	nation			
1. Given Name (First Name) Yi-Meng		2. Surname (Last Name) Yen		3. Date 31-August-2107	
4. Are you the corresponding author?		Yes ✓ No	Corresponding Author's N Benton E. Heyworth	Name	
5. Manuscript Title Osteoid Osteoma About the Hip in Children and Adolescents					
6. Manuscript Iden	tifying Number (if you kn	now it)			
			_		
Section 2.	The Work Under Co	onsideration for Publi	cation		
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 Ves					
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 No	n-Financial Other? C	omments	
Orthopediatrics					
Smith-Nephew					
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					

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Section 5.				
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 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.				
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. Yen reports p	personal fees from Orthopediatrics, personal fees from Smith-Nephew, outside the submitted work; .			

Evaluation and Feedback

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

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