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.

3. Relevant financial activities outside the submitted work.


5. Relationships not covered above.

Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.
Grant: A grant from an entity, generally [but not always] paid to your organization
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Other: Anything not covered under the previous three boxes
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### Section 1. Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>Daniel</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Surname (Last Name)</td>
<td>Cunningham</td>
</tr>
<tr>
<td>3. Date</td>
<td>17-March-2020</td>
</tr>
</tbody>
</table>

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

5. Manuscript Title
The impact of early epidural discontinuation on pain, opioid usage, and length of stay after peri-acetabular osteotomy

6. Manuscript Identifying Number (if you know it)
JBJS-D-19-01405

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

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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
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Dr. Cunningham 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)  
Daniel

2. Surname (Last Name)  
Kovacs

3. Date  
17-March-2020

4. Are you the corresponding author?  
Yes  ☑  No

5. Manuscript Title  
The impact of early epidural discontinuation on pain, opioid usage, and length of stay after peri-acetabular osteotomy

6. Manuscript Identifying Number (if you know it)  
JBJS-D-19-01405

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Dr. Kovacs 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)  
   Brian

2. Surname (Last Name)  
   Lewis

3. Date  
   17-March-2020

4. Are you the corresponding author?  
   [ ] Yes  
   ✔ No

   **Corresponding Author’s Name**  
   Daniel Cunningham

5. Manuscript Title  
   The impact of early epidural discontinuation on pain, opioid usage, and length of stay after peri-acetabular osteotomy

6. Manuscript Identifying Number (if you know it)  
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Are there any relevant conflicts of interest?  
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Dr. Lewis has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   William

2. Surname (Last Name)  
   Norcross

3. Date  
   17-March-2020

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

   Corresponding Author’s Name  
   Daniel Cunningham

5. Manuscript Title  
   The impact of early epidural discontinuation on pain, opioid usage, and length of stay after peri-acetabular osteotomy

6. Manuscript Identifying Number (if you know it)  
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Dr. Norcross has nothing to disclose.

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1. Given Name (First Name)  
   Steven

2. Surname (Last Name)  
   Olson

3. Date  
   17-March-2020

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   ✔ No

Corresponding Author's Name  
   Daniel Cunningham

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Orthopaedic Trauma Association: Board or committee member

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Dr. Olson reports and Orthopaedic Trauma Association: Board or committee member.

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