ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

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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
Section 1. Identifying Information

1. Given Name (First Name)  
   Michael

2. Surname (Last Name)  
   Leunig

3. Date  
   14-September-2017

4. Are you the corresponding author?  
   Yes ☑ No

5. Manuscript Title  
   Recommendation to reduce the risk of nerve injury ...

6. Manuscript Identifying Number (if you know it)  
   ST-D-17-00017

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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<tr>
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<td>☑</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
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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?  
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Section 6. Disclosure Statement

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Dr. Leunig reports grants from Swiss National Science foundation, outside 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)  
   Diego

2. Surname (Last Name)  
   Collado

3. Date  
   19-March-2017

4. Are you the corresponding author?  
   ✔ No

   Corresponding Author’s Name
   Reinhold Ganz

5. Manuscript Title  
   Recommendations to reduce the risk of nerve injury during the Bernese periacetabular osteotomy (PAO)

6. Manuscript Identifying Number (if you know it)

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Dr. Collado has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
Reinhold

2. Surname (Last Name)  
Ganz

3. Date  
01-November-2016

4. Are you the corresponding author?  
✔ Yes  
No

5. Manuscript Title  
Recommendations to reduce the risk of nerve injury during the Bernese periacetabular osteotomy (PAO)

6. Manuscript Identifying Number (if you know it)

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✔ Yes  
No

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No

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<td></td>
<td></td>
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<td>Stock options</td>
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Section 4. Intellectual Property -- Patents & Copyrights

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✔ Yes  
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Section 1. Identifying Information

1. Given Name (First Name)  
   MORTEZA

2. Surname (Last Name)  
   KALHOR

3. Date  
   03-November-2016

4. Are you the corresponding author?  
   □ Yes  ☑ No  
   Corresponding Author's Name  
   REINHOLD GANZ

5. Manuscript Title  
   Recommendations to reduce the risk of nerve injury during the Bernese periacetabular osteotomy (PAO)

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Dr. KALHOR has nothing to disclose.

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## Section 1. Identifying Information

1. Given Name (First Name)  
   Paulo  
2. Surname (Last Name)  
   Rego  
3. Date  
   02-November-2016  
4. Are you the corresponding author?  
   Yes  ✔ No  
   Corresponding Author’s Name  
   Mortesa Kalhor  
5. Manuscript Title  
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