ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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### Section 1. Identifying Information

1. Given Name (First Name)  
   Emily  

2. Surname (Last Name)  
   Dodwell  

3. Date  
   18-July-2019  

4. Are you the corresponding author?  
   ✔ Yes  
   No  

5. Manuscript Title  
   Long-term Outcomes Following Closed and Open Reduction of Developmental Hip Dislocations in New York State  

6. Manuscript Identifying Number (if you know it)  

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   ✔ No  
   Yes  

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Dr. Dodwell has nothing to disclose.

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Corresponding Author’s Name
Emily Dodwell

5. Manuscript Title
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### Section 1. Identifying Information

1. Given Name (First Name)  
   David  

2. Surname (Last Name)  
   Scher  

3. Date  
   18-July-2019  

4. Are you the corresponding author?  
   ✔ No  

5. Manuscript Title  
   Long-term Outcomes Following Closed and Open Reduction of Developmental Hip Dislocations in New York State  

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1. Given Name (First Name)  
   Ernest

2. Surname (Last Name)  
   Sink

3. Date  
   18-July-2019

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

   Corresponding Author’s Name  
   Emily Dodwell

5. Manuscript Title  
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   Emily Dodwell

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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
ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Roger

2. Surname (Last Name)  
   Widmann

3. Date  
   18-July-2019

4. Are you the corresponding author?  
   [ ] Yes  [x] No  
   Corresponding Author’s Name  
   Emily Dodwell

5. Manuscript Title  
   Long-term Outcomes Following Closed and Open Reduction of Developmental Hip Dislocations in New York State

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  [x] No

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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.  
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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. Widmann has nothing to disclose.

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