

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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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)
ANDREAS

2. Surname (Last Name)
ROPOSCH

3. Date
04-May-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Hip dysplasia at 4 years in patients with perinatal risk factors for DDH

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. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
NIHR Research for Patient Benefit Programme	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Dr. ROPOSCH reports grants and personal fees from NIHR Research for Patient Benefit Programme, during the conduct of the study; .

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1. Given Name (First Name)
MARGARET

2. Surname (Last Name)
HALL-CRAGGS

3. Date
05-May-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
ANDREAS ROPOSCH

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1. Given Name (First Name)
Simon

2. Surname (Last Name)
Humphry

3. Date
05-May-2020

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Yes No

Corresponding Author's Name
Prof A Roposch

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Dr. Humphry has nothing to disclose.

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