

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.

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4. Intellectual Property.

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

5. Relationships not covered above.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Scott

2. Surname (Last Name)
LaValva

3. Date
30-August-2019

4. Are you the corresponding author? Yes No

Corresponding Author's Name
Ishaan Swarup MD

5. Manuscript Title
Septic Arthritis of the Hip in Children: A Critical Analysis Review

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

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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Section 6. Disclosure Statement

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Scott LaValva has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Ronit	2. Surname (Last Name) Shah	3. Date 31-August-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Ishaan Swarup
5. Manuscript Title Septic Arthritis of the Hip in Children: A Critical Analysis Review		
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.)?

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Ronit Shah has nothing to disclose.

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1. Given Name (First Name)

Ishaan

2. Surname (Last Name)

Swarup

3. Date

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Septic Arthritis of the Hip in Children: A Critical Analysis Review

6. Manuscript Identifying Number (if you know it)

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Dr. Swarup has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Wudbhav 2. Surname (Last Name) Sankar 3. Date 03-September-2019

4. Are you the corresponding author? Yes No Corresponding Author's Name
Ishaan Swarup

5. Manuscript Title
Septic Arthritis of the Hip in Children: A Critical Analysis Review

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Wolter Kluwer Health	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Royalties for edited textbook

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Sankar reports personal fees from Wolter Kluwer Health, outside the submitted work; .

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