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.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Arya

2. Surname (Last Name)  
   Minaie

3. Date

4. Are you the corresponding author?  
   ☑ No

   Corresponding Author’s Name
   Pooya Hosseinzadeh

5. Manuscript Title
   Operative Management of Hip Disorders in Patients with Cerebral Palsy

6. Manuscript Identifying Number (if you know it)

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Arya Minaie has nothing to disclose.

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<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keith</td>
<td>Baldwin</td>
<td>08-November-2019</td>
</tr>
</tbody>
</table>

4. Are you the corresponding author? [ ] Yes [ ] No  
Corresponding Author's Name  
Pooya Hosseinzadeh

5. Manuscript Title  
Operative Management of Hip Disorders in Patients with Cerebral Palsy

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## Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? [ ] Yes [ ] No

## Section 3. Relevant financial activities outside the submitted work.

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## Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Baldwin has nothing to disclose.

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| 1. Given Name (First Name) | Freeman |
| 2. Surname (Last Name)    | Miller  |
| 3. Date                   | 20-October-2019 |
| 4. Are you the corresponding author? | Yes ☑ No |
| Corresponding Author’s Name | Pooya Hosseinzadeh |
| 5. Manuscript Title       | Operative Management of Hip Disorders in Patients with Cerebral Palsy |
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Dr. Miller has nothing to disclose.

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1. Given Name (First Name)  
   Pooya

2. Surname (Last Name)  
   Hosseinzadeh

3. Date  
   18-October-2019

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

5. Manuscript Title  
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