

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Arya	2. Surname (Last Name) Minaie	3. Date
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

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Arya Minaie 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) Keith	2. Surname (Last Name) Baldwin	3. Date 08-November-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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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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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 1. Identifying Information

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
Operative Management of Hip Disorders in Patients with Cerebral Palsy

6. Manuscript Identifying Number (if you know it)

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