

## ICMJE DISCLOSURE FORM

**Date:** 4/16/2023

**Your Name:** Anne Rosendahl Kristiansen

**Manuscript Title:** Hip survival after periacetabular osteotomy in patients with acetabular dysplasia, acetabular retroversion, congenital dislocation of the hip or Calvé-Legg-Perthes disease – a cohort study on 1,501 hips

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

**Date:** 4/16/2023

**Your Name:** Martin Lindberg-Larsen

**Manuscript Title:** Hip survival after periacetabular osteotomy in patients with acetabular dysplasia, acetabular retroversion, congenital dislocation of the hip or Calvé-Legg-Perthes disease – a cohort study on 1,501 hips

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## ICMJE DISCLOSURE FORM

**Date:** 4/20/2023

**Your Name:** Morten Bøgehøj

**Manuscript Title:** Hip survival after periacetabular osteotomy in patients with acetabular dysplasia, acetabular retroversion, congenital dislocation of the hip or Calvé-Legg-Perthes disease – a cohort study on 1,501 hips

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		Faculty Stryker Cad Lab Tampere Finland	Payment to my personal company
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None	
		Stryker Advisory Board	Payment to my personal company
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**Your Name:** Ole Ovesen

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I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

**Date:** 4/22/2023

**Your Name:** Anders Holsgaard Larsen

**Manuscript Title:** Hip survival after periacetabular osteotomy in patients with acetabular dysplasia, acetabular retroversion, congenital dislocation of the hip or Calvé-Legg-Perthes disease – a cohort study on 1,501 hips

**Manuscript Number (if known):** [Click or tap here to enter text.](#)

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. “Related” means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author’s relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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