

## ICMJE DISCLOSURE FORM

**Date:** 9/13/2023

**Your Name:** Maria Tirta

**Manuscript Title:** Birthweight correlates to pubo-femoral distances and alpha angles in hip ultrasound of newborns at six weeks of age.

**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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11	Stock or stock options	<input checked="" type="checkbox"/> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

Please place an "X" next to the following statement to indicate your agreement:

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:** 9/13/2023

**Your Name:** Michel Bach Hellfritzsch

**Manuscript Title:** Birthweight correlates to pubo-femoral distances and alpha angles in hip ultrasound of newborns at six weeks of age.

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

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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 checked="" type="checkbox"/> None	
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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:** 8/31/2023

**Your Name:** Rikke Damkjær Maimburg

**Manuscript Title:** Birthweight correlates to pubo-femoral distances and alpha angles in hip ultrasound of newborns at six weeks of age.

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

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## ICMJE DISCLOSURE FORM

**Date:** 9/13/2023

**Your Name:** Mads Henriksen

**Manuscript Title:** Birthweight correlates to pubo-femoral distances and alpha angles in hip ultrasound of newborns at six weeks of age.

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## ICMJE DISCLOSURE FORM

**Date:** 9/13/2023

**Your Name:** Natalia Lapitskaya

**Manuscript Title:** Birthweight correlates to pubo-femoral distances and alpha angles in hip ultrasound of newborns at six weeks of age.

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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b>	
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b>	

**Please place an "X" next to the following statement to indicate your agreement:**

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:** 9/13/2023

**Your Name:** Søren Kold

**Manuscript Title:** Birthweight correlates to pubo-femoral distances and alpha angles in hip ultrasound of newborns at six weeks of age.

**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.

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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 checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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## ICMJE DISCLOSURE FORM

**Date:** 9/13/2023

**Your Name:** Bjarne Møller-Madsen

**Manuscript Title:** Birthweight correlates to pubo-femoral distances and alpha angles in hip ultrasound of newborns at six weeks of age.

**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.

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## ICMJE DISCLOSURE FORM

**Date:** 9/13/2023

**Your Name:** Ole Rahbek

**Manuscript Title:** Birthweight correlates to pubo-femoral distances and alpha angles in hip ultrasound of newborns at six weeks of age.

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

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## ICMJE DISCLOSURE FORM

**Date:** 9/13/2023

**Your Name:** Hans-Christen Husum

**Manuscript Title:** Birthweight correlates to pubo-femoral distances and alpha angles in hip ultrasound of newborns at six weeks of age

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

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