

ICMJE DISCLOSURE FORM

Date: 2022/9/21

Your Name: Lixia Dai

Manuscript Title: Related factors and predictors of residual hip dysplasia (RHD) in 12-18-month-old vs. over 18-month-old DDH patients after closed reduction and the reliability of one RHD criteria: a retrospective cohort study

Manuscript number (if known): _____

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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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
Time frame: Since the initial planning of the work			
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	None	
		This work was supported by Natural Science Foundation of Fujian Province, China (Grant No. 2019D023)	

Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u> </u> <input checked="" type="checkbox"/> <u> </u> None	
3	Royalties or licenses	<u> </u> <input checked="" type="checkbox"/> <u> </u> None	
4	Consulting fees	<u> </u> <input checked="" type="checkbox"/> <u> </u> None	
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6	Payment for expert testimony	<u> </u> <input checked="" type="checkbox"/> <u> </u> None	
7	Support for attending meetings and/or travel	<u> </u> <input checked="" type="checkbox"/> <u> </u> None	
8	Patents planned, issued or pending	<u> </u> <input checked="" type="checkbox"/> <u> </u> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<u> </u> <input checked="" type="checkbox"/> <u> </u> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<u> </u> <input checked="" type="checkbox"/> <u> </u> None	
11	Stock or stock options	<u> </u> <input checked="" type="checkbox"/> <u> </u> None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<u> </u> <input checked="" type="checkbox"/> <u> </u> None	
13	Other financial or non-financial interests	<u> </u> <input checked="" type="checkbox"/> <u> </u> None	

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

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Date: 2022/9/21

Your Name: Peng Huang

Manuscript Title: Related factors and predictors of residual hip dysplasia (RHD) in 12-18-month-old vs. over 18-month-old DDH patients after closed reduction and the reliability of one RHD criteria: a retrospective cohort study

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Date: 2022/9/21

Your Name: Xinhong Pei

Manuscript Title: Related factors and predictors of residual hip dysplasia (RHD) in 12-18-month-old vs. over 18-month-old DDH patients after closed reduction and the reliability of one RHD criteria: a retrospective cohort study

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