

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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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Guang-Wei

2. Surname (Last Name)
Xu

3. Date
06-April-2020

4. Are you the corresponding author?

☐ Yes ☒ No

Corresponding Author's Name
Yan-Cai Yang

5. Manuscript Title
Ultrasound features predicting the 3-week outcome of Pavlik harness treatment for developmental hip dysplasia

6. Manuscript Identifying Number (if you know it)
APM-20-889

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☐ Yes ☒ No

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Dr. Xu has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Yan-Cai

2. Surname (Last Name)
Yang

3. Date
06-April-2020

4. Are you the corresponding author? ☒ Yes ☐ No

5. Manuscript Title
Ultrasound features predicting the 3-week outcome of Pavlik harness treatment for developmental hip dysplasia

6. Manuscript Identifying Number (if you know it)
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Section 2. The Work Under Consideration for Publication

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Dr. Yang has nothing to disclose.

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1. Given Name (First Name) Zhen-Hua	2. Surname (Last Name) Xu	3. Date 06-April-2020
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Yan-Cai Yang
5. Manuscript Title Ultrasound features predicting the 3-week outcome of Pavlik harness treatment for developmental hip dysplasia		
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4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Yan-Cai Yang
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