ICMJE Form for Disclosure of Potential Conflicts of Interest

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### 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 [x]

   **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

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Are there any relevant conflicts of interest?

- Yes [ ]
- No [x]

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- Yes [ ]
- No [x]

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?

- Yes [ ]
- No [x]
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Dr. Xu has nothing to disclose.

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Yang
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<tbody>
<tr>
<td>Yan-Cai</td>
<td>Yang</td>
<td>06-April-2020</td>
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4. Are you the corresponding author?  ✔ Yes  ☐ No

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1. Given Name (First Name)  
   Zhen-Hua

2. Surname (Last Name)  
   Xu

3. Date  
   06-April-2020

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   ✔ Yes  
   No

   Corresponding Author's Name
   Yan-Cai Yang

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<td>Liu</td>
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