

ICMJE DISCLOSURE FORM

Date: 3/8/2023

Your Name: Sebastian Hardt

Manuscript Title: Psychological status affects postoperative quality of life, function and pain but not patient satisfaction after periacetabular osteotomy

Manuscript Number (if known): BJO-2023-0104.R1

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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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: 7/8/2023

Your Name: Christian Hipfl

Manuscript Title: Psychological status affects postoperative quality of life, function and pain but not patientsatisfaction after periacetabular osteotomy

Manuscript Number (if known): BJO-2023-0104.R1

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: 8/3/2021

Your Name: Vincent J. Leopold

Manuscript Title: Psychological status affects postoperative quality of life, function and pain but not patientsatisfaction after periacetabular osteotomy

Manuscript Number (if known): BJO-2023-0104.R1

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Date: 3/8/2023

Your Name: Jannis Löchel

Manuscript Title: Psychological status affects postoperative quality of life, function and pain but not patient satisfaction after periacetabular osteotomy

Manuscript Number (if known): BJO-2023-0104.R1

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ICMJE DISCLOSURE FORM

Date: 8/7/2023

Your Name: Prof. Dr. med. Carsten Perka

Manuscript Title: Click or tap here to enter text. Psychological status affects postoperative quality of life, function and pain but not patient satisfaction after periacetabular osteotomy

Manuscript Number (if known): BJO-2023-0104.R1

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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								
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3	Royalties or licenses	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 60%; height: 20px;">Zimmer</td><td style="width: 40%;">To my own</td></tr> <tr><td style="height: 20px;">Smith&Nephew</td><td>To my own</td></tr> <tr><td style="height: 20px;">DePuy/Synthes</td><td>To my own</td></tr> </table>	Zimmer	To my own	Smith&Nephew	To my own	DePuy/Synthes	To my own
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4	Consulting fees	<input checked="" type="checkbox"/> None	
		Smith&Nephew	To my own
		Zimmer	To my own
		Link	To my own
		DePuy/Synthes	To my own
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input type="checkbox"/> None	
		Same as under 4.	
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 type="checkbox"/> None	
		DGOOC, International Hip Society,	
		Arbeitsgemeinschaft Endoprothetik	
		Bone Joint Journal	

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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: 8/3/2021

Your Name: Nele Wagener

Manuscript Title: Psychological status affects postoperative quality of life, function and pain but not patientsatisfaction after periacetabular osteotomy

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