

ICMJE DISCLOSURE FORM

Date: 5/24/2023

Your Name: Adam Galloway

Manuscript Title: **“Waiting for the best day of your life”. A qualitative study of patients’ and clinicians’ experiences of Perthes’ Disease**

Manuscript Number (if known): BJO-2023-0108.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.

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.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

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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: 8/21/2023

Your Name: Colin Holton

Manuscript Title: "Waiting for the best day of your life". A qualitative study of patients' and clinicians' experiences of Perthes' Disease

Manuscript Number (if known): BJO-2023-0108.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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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: 8/8/2023

Your Name: Daniel Perry

Manuscript Title: “Waiting for the best day of your life”. A qualitative study of patients’ and clinicians’ experiences of Perthes' Disease

Manuscript Number (if known): BJO-2023-0108.R1

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ICMJJE DISCLOSURE FORM

Date: 8/8/2023

Your Name: Simon Pini

Manuscript Title: "Waiting for the best day of your life". A qualitative study of patients' and clinicians' experiences of Perthes' Disease

Manuscript Number (if known): BJO-2023-0108.R1

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Date: 8/22/2023

Your Name: Anthony Redmond

Manuscript Title: "Waiting for the best day of your life". A qualitative study of patients' and clinicians' experiences of Perthes' Disease

Manuscript Number (if known): BJO-2023-0108.R1

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ICMJE DISCLOSURE FORM

Date: 8/8/2023

Your Name: Suzanne Richards

Manuscript Title: “Waiting for the best day of your life”. A qualitative study of patients’ and clinicians’ experiences of Perthes' Disease

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Date: 8/9/2023

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