

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 1. Identifying information.

#### 2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

#### 3. Relevant financial activities outside the submitted work.

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#### 4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

#### 5. Relationships not covered above.

Use this section to report other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work.

#### Definitions.

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**Pending:** The patent has been filed but not issued

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Diego	2. Surname (Last Name) Tourn	3. Date 15-January-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Shay Seth
5. Manuscript Title A Unique and Characteristic Cam FAI Morphology in Young Patients with Comorbid Inflammatory Conditions		
6. Manuscript Identifying Number (if you know it) JBJS-D-20-00080R1		

### Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?  Yes  No

### Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest?  Yes  No

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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### Section 6. Disclosure Statement

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Dr. Tourn has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Shay

2. Surname (Last Name)  
Seth

3. Date  
14-January-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
A Unique and Characteristic Cam FAI Morphology in Young Patients with Comorbid Inflammatory Conditions

6. Manuscript Identifying Number (if you know it)

### 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. Seth has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Yi-Meng      2. Surname (Last Name) Yen      3. Date 15-January-2020

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Shay Seth

5. Manuscript Title  
A Unique and Characteristic Cam FAI Morphology in Young Patients with Comorbid Inflammatory Conditions

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?     Yes     No

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Are there any relevant conflicts of interest?     Yes     No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Smith & Nephew Consultant	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Kairos Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Educational funds

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?     Yes     No



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AJSM editorial board

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Dr. Yen reports personal fees from Smith & Nephew Consultant, other from Kairos Medical, outside the submitted work; and AJSM editorial board

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### Section 1. Identifying Information

1. Given Name (First Name)  
Kevin

2. Surname (Last Name)  
Smit

3. Date  
15-January-2020

4. Are you the corresponding author?  Yes  No  
Corresponding Author's Name  
Dr. Shay Seth

5. Manuscript Title  
A Unique and Characteristic Cam FAI Morphology in Young Patients with Comorbid Inflammatory Conditions

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
ZimmerBiomet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  Yes  No

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Dr. Smit reports grants from ZimmerBiomet, outside the submitted work; .

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1. Given Name (First Name) Sasha      2. Surname (Last Name) Carsen      3. Date 14-January-2020

4. Are you the corresponding author?     Yes     No      Corresponding Author's Name  
Shay Seth

5. Manuscript Title  
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JBJS-D-20-00080R1

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Are there any relevant conflicts of interest?     Yes     No

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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Zimmer Biomet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research Support
ConMed Linvatec	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Research Support

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?     Yes     No

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