

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Charles	2. Surname (Last Name) Yu	3. Date 18-January-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name M Chad Mahan
5. Manuscript Title Impingement-free Hip Range of Motion in Asymptomatic Young Adult Females		
6. Manuscript Identifying Number (if you know it) JBJS-D-19-01088		

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. Yu has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Michael

2. Surname (Last Name)
Mahan

3. Date
09-April-1987

4. Are you the corresponding author? Yes No

5. Manuscript Title
Impingement-free Hip Range of Motion in Asymptomatic Young Adult Females

6. Manuscript Identifying Number (if you know it)
JBJS-D-19-01088

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Dr. Mahan has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Ira	2. Surname (Last Name) Zaltz	3. Date 23-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Chad Mahan
5. Manuscript Title Impingement-free Hip Range of Motion in Asymptomatic Young Adult Females		
6. Manuscript Identifying Number (if you know it) JBJS-D-19-01088		

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Dr. Zaltz has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Marnix	2. Surname (Last Name) Van Holsbeeck	3. Date 20-February-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name M Chad Mahan
5. Manuscript Title Impingement-free Hip Range of Motion in Asymptomatic Young Adult Females		
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1. Given Name (First Name) Rachel	2. Surname (Last Name) Shields	3. Date 18-January-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name M Chad Mahan
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