ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. **Identifying information.**

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

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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.**

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

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**Royalties:** Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1.** Identifying Information

1. Given Name (First Name)  
   Matthew

2. Surname (Last Name)  
   Crawford

3. Date  
   02-March-2020

4. Are you the corresponding author?  
   [ ] Yes  ✔ No

   Corresponding Author’s Name  
   Marc Philippon, MD

5. Manuscript Title  
   Acetabular Labral Reconstruction with Iliotibial Band Autograft Outcome and Survivorship at Minimum 10-Year Follow-up

6. Manuscript Identifying Number (if you know it)  
   JBJS-D-19-01499R1

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**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

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the “X” button.

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Dr. Crawford reports grants from Smith & Nephew, during the conduct of the study; .

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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

1. **Given Name (First Name)**  
   Justin  

2. **Surname (Last Name)**  
   Arner  

3. **Date**  
   02-March-2020  

4. **Are you the corresponding author?**  
   Yes ✔ No

   **Corresponding Author’s Name**  
   Marc Philippon, MD

5. **Manuscript Title**  
   Acetabular Labral Reconstruction with Iliotibial Band Autograft Outcome and Survivorship at Minimum 10-Year Follow-up

6. **Manuscript Identifying Number (if you know it)**  
   JBJS-D-19-01499R1

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Are there any relevant conflicts of interest?  

Yes ✔ No

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Section 1. Identifying Information

1. Given Name (First Name)  
   Ioanna

2. Surname (Last Name)  
   Bolia

3. Date  
   02-March-2020

4. Are you the corresponding author?  
   Yes ☒

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Section 1. Identifying Information

1. Given Name (First Name)
   Karen

2. Surname (Last Name)
   Briggs

3. Date
   02-March-2020

4. Are you the corresponding author?  
   Yes ☐  No ☑

   Corresponding Author’s Name
   Marc Philippon, MD

5. Manuscript Title
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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Marc

2. Surname (Last Name)  
   Philippon

3. Date  
   02-March-2020

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title  
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<td>Smith &amp; Nephew</td>
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</tbody>
</table>

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

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the “Add +” box. You should report relationships that were present during the 36 months prior to publication.

Are there any relevant conflicts of interest?  
   ✔ Yes  
   No

If yes, please fill out the appropriate information below.

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Grant?</th>
<th>Personal Fees?</th>
<th>Non-Financial Support?</th>
<th>Other?</th>
<th>Comments</th>
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</table>
ICMJE Form for Disclosure of Potential Conflicts of Interest

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</tbody>
</table>

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

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

**Section 5. Relationships not covered above**

Are there 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?

☐ Yes, the following relationships/conditions/circumstances are present (explain below):

[✓] No other relationships/conditions/circumstances that present a potential conflict of interest

At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements. On occasion, journals may ask authors to disclose further information about reported relationships.
Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Philippon reports grants from Smith & Nephew, during the conduct of the study; personal fees from Smith & Nephew, personal fees from Arthrosurface, other from MJP Innovations, LLC, other from MIS, grants from OSSUR, grants from Siemens, personal fees from Bledsoe, personal fees from ConMed Linvatec, personal fees from SLack, personal fees from Elsevier, other from EffRx, outside the submitted work; .

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