ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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**Royalties:** Funds are coming in to you or your institution due to your patent
Section 1. Identifying Information

1. Given Name (First Name)  
   John

2. Surname (Last Name)  
   Clohisy

3. Date  
   09-March-2020

4. Are you the corresponding author?  
   Yes ✔ No

5. Manuscript Title  
   Sex Differences in Clinical Outcome Femoroacetabular Impingement Surgery are Secondary to Differences in Preoperative Patient-Reported Outcome Scores

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. 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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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 1. Identifying Information

1. Given Name (First Name)  
   Jeffrey

2. Surname (Last Name)  
   Nepple

3. Date  
   09-March-2020

4. Are you the corresponding author?  
   No

5. Manuscript Title  
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   Yes

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Asheesh

2. Surname (Last Name)  
Bedi

3. Date  
09-March-2020

4. Are you the corresponding author?  
☐ Yes  ☑ No  
Corresponding Author's Name  
John C. Clohisy

5. Manuscript Title  
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Dr. Bedi reports other from American Orthopaedic Society for Sports Medicine, personal fees from Arthrex, Inc., personal fees and other from SLACK Incorporated, personal fees and other from Springer, outside the submitted work.

Evaluation and Feedback

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1. Given Name (First Name)  Etienne
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3. Date  09-March-2020
4. Are you the corresponding author?  ✔ No
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Belzile
ICMJE Form for Disclosure of Potential Conflicts of Interest

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**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?

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**Section 6. Disclosure Statement**

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Dr. Belzile reports other from B-Themia, personal fees and other from BodyCad, other from Canadian Institute of Health Research (CIHR), personal fees from ErgoResearch, other from Orthopaedics and Traumatology, personal fees from Pendopharm, other from Smith & Nephew, personal fees from Stryker, other from Surgery and Research, personal fees from Victhom, outside the submitted work.
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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.**
   
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**Other:** Anything not covered under the previous three boxes

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

**Issued:** The patent has been issued by the agency

**Licensed:** The patent has been licensed to an entity, whether earning royalties or not

**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)  
   Ernest

2. Surname (Last Name)  
   Sink

3. Date  
   09-March-2020

4. Are you the corresponding author?  
   □ Yes  ✔ No
   Corresponding Author’s Name  
   John C. Clohisy

5. Manuscript Title  
   Sex Differences in Clinical Outcome Femoroacetabular Impingement Surgery are Secondary to Differences in Preoperative Patient-Reported Outcome Scores

6. Manuscript Identifying Number (if you know it)

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

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.

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  
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ICMJE Form for Disclosure of Potential Conflicts of Interest

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Dr. Sink reports other from AAOS, outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Tristan
2. Surname (Last Name)  Maerz
3. Date  09-March-2020

4. Are you the corresponding author?  Yes  No  Corresponding Author’s Name  John C. Clohisy

5. Manuscript Title
Sex Differences in Clinical Outcome Femoroacetabular Impingement Surgery are Secondary to Differences in Preoperative Patient-Reported Outcome Scores

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

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. Maerz has nothing to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Ira

2. Surname (Last Name)  
Zaltz

3. Date  
09-March-2020

4. Are you the corresponding author?  
☐ Yes  ☑ No  
Corresponding Author's Name  
John C. Clohisy

5. Manuscript Title  
Sex Differences in Clinical Outcome Femoroacetabular Impingement Surgery are Secondary to Differences in Preoperative Patient-Reported Outcome Scores

6. Manuscript Identifying Number (if you know it)

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

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Are there any relevant conflicts of interest?  
☑ Yes  ☐ No  
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Dr. Zaltz reports personal fees from Orthopaedics, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)  
   Paul

2. Surname (Last Name)  
   Beaule

3. Date  
   09-March-2020

4. Are you the corresponding author?  
   No

   Corresponding Author’s Name  
   John C. Clohisy

5. Manuscript Title  
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Are there any relevant conflicts of interest?  
   No

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Are there any relevant conflicts of interest?  
   Yes

If yes, please fill out the appropriate information below.

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Dr. Beaule reports personal fees and other from Corin USA, other from DePuy, a Johnson & Johnson Company, other from International Society for Hip Arthroscopy, personal fees from MatORTHO, personal fees from Medacta, personal fees and other from MicroPort, personal fees and other from Zimmer, outside the submitted work.

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