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)  Nathan
2. Surname (Last Name)  Varady
3. Date  12-November-2020

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

Corresponding Author's Name  Michael Kucharik

5. Manuscript Title
   Functional Outcomes for Patients Undergoing Arthroscopic Acetabular Labral Repair with and without Bone Marrow Aspirate Concentrate Application

6. Manuscript Identifying Number (if you know it)
   JBJS-D-20-01740

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  [ ] Yes  [x] No

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Are there any relevant conflicts of interest?  [ ] Yes  [x] No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work?  [ ] Yes  [x] No
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Nathan Varady has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Paul
2. Surname (Last Name)  Abraham
3. Date  12-November-2020
4. Are you the corresponding author?  No
   Corresponding Author’s Name  Michael Kucharik

5. Manuscript Title
   Functional Outcomes for Patients Undergoing Arthroscopic Acetabular Labral Repair with and without Bone Marrow Aspirate Concentrate Application
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Paul Abraham has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Scott

2. Surname (Last Name)  
   Martin

3. Date  
   12-November-2020

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

   Corresponding Author’s Name  
   Michael Kucharik

5. Manuscript Title  
   Functional Outcomes for Patients Undergoing Arthroscopic Acetabular Labral Repair with and without Bone Marrow Aspirate Concentrate Application

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Dr. Martin has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  Wendy
2. Surname (Last Name)   Meek
3. Date  12-November-2020
4. Are you the corresponding author?  Yes  No  
   Corresponding Author’s Name  Michael Kucharik

5. Manuscript Title
   Functional Outcomes for Patients Undergoing Arthroscopic Acetabular Labral Repair with and without Bone Marrow Aspirate Concentrate Application

6. Manuscript Identifying Number (if you know it)
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Wendy Meek has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Michael

2. Surname (Last Name)  
   Kucharik

3. Date  
   12-November-2020

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

5. Manuscript Title  
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Michael Kucharik has nothing to disclose.

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**Grants:** A grant from an entity, generally [but not always] paid to your organization

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Section 1. Identifying Information

1. Given Name (First Name)  
Mark

2. Surname (Last Name)  
Nazal

3. Date  
12-November-2020

4. Are you the corresponding author?  
☑ No  
Corresponding Author’s Name  
Michael Kucharik

5. Manuscript Title  
Functional Outcomes for Patients Undergoing Arthroscopic Acetabular Labral Repair with and without Bone Marrow Aspirate Concentrate Application

6. Manuscript Identifying Number (if you know it)  
JBJS-D-20-01740

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.)?

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Dr. Nazal has nothing to disclose.

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