ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

2. The work under consideration for publication.

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<th>1. Given Name (First Name)</th>
<th>Claudio</th>
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<td>Diaz</td>
</tr>
<tr>
<td>3. Date</td>
<td>24-February-2021</td>
</tr>
</tbody>
</table>

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

Corresponding Author’s Name

Javad Parvizi

5. Manuscript Title

Surgical Treatment of Femoroacetabular Impingement: A Minimum 10-year Outcome and Risk Factors for Failure

6. Manuscript Identifying Number (if you know it)

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Dr. Diaz has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
   Javad

2. Surname (Last Name)
   Parvizi

3. Date
   24-February-2021

4. Are you the corresponding author?  
   ✔ Yes  
   No

5. Manuscript Title
   Surgical Treatment of Femoroacetabular Impingement: A Minimum 10-year Outcome and Risk Factors for Failure

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   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?  ☐ Yes  ✔ No
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   Vahedi

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   Javad Parvizi

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   Steven

2. Surname (Last Name)  
   Yacovelli

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   ☑ Yes  
   ☐ No

   Corresponding Author’s Name  
   Javad Parvizi

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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. Yacovelli has nothing to disclose.

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