

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.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Other: Anything not covered under the previous three boxes

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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) Benjamin	2. Surname (Last Name) Kuhns	3. Date 29-March-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Paul Lewis
5. Manuscript Title Systematic Approach to Magnetic Resonance Imaging Interpretation of Sports Medicine Injuries of the Hip		
6. Manuscript Identifying Number (if you know it) _____		

Section 2. The Work Under Consideration for Publication

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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

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 6. Disclosure Statement

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

Dr. Kuhns has nothing to disclose.

Evaluation and Feedback

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Section 1. Identifying Information

1. Given Name (First Name)
Paul

2. Surname (Last Name)
Lewis

3. Date
29-March-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Systematic Approach to Magnetic Resonance Imaging Interpretation of Sports Medicine Injuries of the Hip

6. Manuscript Identifying Number (if you know it)

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Dr. Lewis 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)
SHANE

2. Surname (Last Name)
NHO

3. Date
31-March-2018

4. Are you the corresponding author? Yes No

5. Manuscript Title
Systematic Approach to Magnetic Resonance Imaging Interpretation of Sports Medicine Injuries of the Hip

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.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Allosource	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Research support
American Journal of Orthopedics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Editorial/governing board
American Orthopaedic Society for Sports Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Board/Committee member
Arthrex, Inc	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Research support
Arthroscopy Association of North America	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Board/Committee member
Athletico	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Research support
DJ Orthopaedics	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Research support

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Linvatec	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Research support
Miomed	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Research support
Ossur	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IP royalties; Paid consultant
Smith & Nephew	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Research support
Springer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Publishing royalties; financial/material support
Stryker	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Research support

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. NHO reports non-financial support from Allosource, other from American Journal of Orthopedics, other from American Orthopaedic Society for Sports Medicine, non-financial support from Arthrex, Inc, other from Arthroscopy Association of North America, non-financial support from Athletico, non-financial support from DJ Orthopaedics, non-financial support from Linvatec, non-financial support from Miomed, personal fees from Ossur, non-financial support from Smith & Nephew, personal fees and non-financial support from Springer, non-financial support from Stryker, outside the submitted work; .

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Section 1. Identifying Information

1. Given Name (First Name)
Alex

2. Surname (Last Name)
Weber

3. Date
30-March-2018

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Paul Lewis, MD

5. Manuscript Title
Systematic Approach to Magnetic Resonance Imaging Interpretation of Sports Medicine Injuries of the Hip

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