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.

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

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ICMJE Form for Disclosure of Potential Conflicts of Interest

**Section 1. Identifying Information**

1. Given Name (First Name)  
   Brian

2. Surname (Last Name)  
   Chalmers

3. Date  
   02-January-2016

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

   Corresponding Author's Name  
   Daniel J Berry MD

5. Manuscript Title  
   Iliopsoas Impingement After Primary Total Hip Arthroplasty: Operative and Non-Operative Treatment Outcomes

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

**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. Chalmers has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  Daniel
2. Surname (Last Name)  Berry
3. Date  31-December-2015
4. Are you the corresponding author?  Yes  No
5. Manuscript Title  ILIOPSOAS IMPINGEMENT AFTER PRIMARY TOTAL HIP ARTHROPLASTY: OPERATIVE AND NON-OPERATIVE TREATMENT OUTCOMES
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

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Are there any relevant conflicts of interest?  Yes  No

If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
<th>Grant?</th>
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<td>✔</td>
<td>President</td>
</tr>
<tr>
<td>International Hip Society</td>
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<td></td>
<td></td>
<td>✔</td>
<td>Secretary/Treasurer</td>
</tr>
</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  

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.

<table>
<thead>
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<tbody>
<tr>
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<td></td>
<td></td>
<td></td>
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Dr. Berry reports personal fees from Journal of Bone and Joint Surgery, personal fees from DePuy, personal fees from Wolters Kluwer, personal fees from Elsevier, other from American Joint Replacement Registry, other from Hip Society, other from International Hip Society, outside the submitted work. In addition, Dr. Berry has a patent DePuy issued.
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Section 1. Identifying Information

1. Given Name (First Name)  Peter
2. Surname (Last Name)  Sculco
3. Date  07-January-2016
4. Are you the corresponding author?  Yes  No
5. Manuscript Title
ILIOPSOAS IMPINGEMENT AFTER PRIMARY TOTAL HIP ARTHROPLASTY: OPERATIVE AND NON-OPERATIVE TREATMENT OUTCOMES
6. Manuscript Identifying Number (if you know it)  

Corresponding Author’s Name  Dr. Daniel Berry

Section 2. The Work Under Consideration for Publication

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Dr. Sculco has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name) Rafael
2. Surname (Last Name) Sierra
3. Date 07-January-2016
4. Are you the corresponding author? Yes No ✔
   Corresponding Author’s Name Daniel J Berry MD
5. Manuscript Title
ILIOPSOAS IMPINGEMENT AFTER PRIMARY TOTAL HIP ARTHROPLASTY: OPERATIVE AND NON-OPERATIVE TREATMENT OUTCOMES
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Dr. Sierra reports grants and personal fees from Biomet, personal fees from Link Orthopedics, outside the submitted work.

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Section 1. Identifying Information

1. Given Name (First Name)  Robert
2. Surname (Last Name)  Trousdale
3. Date  14-January-2016
4. Are you the corresponding author?  ☑ No
   Corresponding Author's Name  Daniel Berry MD
5. Manuscript Title
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Are there any relevant conflicts of interest?  ☑ No

Section 3. Relevant financial activities outside the submitted work.

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Dr. Trousdale has nothing to disclose.

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