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)  
   Grant

2. Surname (Last Name)  
   Dornan

3. Date  
   19-August-2016

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

   Corresponding Author’s Name
   Karen K. Briggs

5. Manuscript Title
   Survivorship and Outcomes 10 Years Following Hip Arthroscopy for Femoroacetabular Impingement: Labral Debridement compared to Labral Repair

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?  
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Mr. Dornan 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)  
Karen

2. Surname (Last Name)  
Briggs

3. Date  
28-February-2016

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

5. Manuscript Title  
Survivorship and Outcomes 10 Years Following Hip Arthroscopy for Femoroacetabular Impingement: Labral Debridement compared to Labral Repair

6. Manuscript Identifying Number (if you know it)  

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Ms. Briggs has nothing to disclose.

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**Section 1. Identifying Information**

1. Given Name (First Name)  
   Shannen

2. Surname (Last Name)  
   McNamara

3. Date  
   28-February-2016

4. Are you the corresponding author?  
   Yes  ✔  No

   Corresponding Author’s Name  
   Karen K. Briggs

5. Manuscript Title  
   Survivorship and Outcomes 10 Years Following Hip Arthroscopy for Femoroacetabular Impingement: Labral Debridement compared to Labral Repair

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Dr. McNamara has nothing to disclose.

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## Section 1. Identifying Information

- **1. Given Name (First Name)**: Travis
- **2. Surname (Last Name)**: Menge
- **3. Date**: 28-February-2016
- **4. Are you the corresponding author?**
  - Yes [ ]
  - No [✔]

**Corresponding Author’s Name**: Karen K Briggs

- **5. Manuscript Title**: Survivorship and Outcomes 10 Years Following Hip Arthroscopy for Femoroacetabular Impingement: Labral Debridement compared to Labral Repair
- **6. Manuscript Identifying Number (if you know it)**:

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- Yes [ ]
- No [✔]

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- Yes [ ]
- No [✔]

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- No [✔]
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Dr. Menge has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   Marc

2. Surname (Last Name)  
   Philippon

3. Date  
   28-February-2016

4. Are you the corresponding author?  
   Yes ☑ No

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   Karen K Briggs

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If yes, please fill out the appropriate information below.

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<th>Name of Entity</th>
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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

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

Dr. Philippon reports other from ISHA, grants, personal fees and other from Smith & Nephew, other from Arthrosurface, other from DonJoy, other from Slack, Elsevier, other from Linvatec, personal fees and other from HIPCO, MIS, grants from Ossur, Siemens, Vail Valley Medical Center, outside the submitted work; In addition, Dr. Philippon has a patent United States Patent 11/839,721 Anchor Delivery System with royalties paid to Smith and Nephew.
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