

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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4. Intellectual Property.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Justin	2. Surname (Last Name) Ernat	3. Date 20-December-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name John Tokish
5. Manuscript Title Mental Health Medication Use Correlates with Poor Outcome After Femoroacetabular Impingement Surgery in a Military Population.		
6. Manuscript Identifying Number (if you know it)		

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Are there any relevant conflicts of interest? Yes No

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Section 1. Identifying Information

1. Given Name (First Name) Gregory	2. Surname (Last Name) Lee	3. Date 02-January-2015
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name John Tokish, MD
5. Manuscript Title Mental Health Medication Use Correlates with Poor Outcome After Femoroacetabular Impingement Surgery in a Military Population		
6. Manuscript Identifying Number (if you know it)		

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Section 1. Identifying Information

1. Given Name (First Name)
Sean

2. Surname (Last Name)
Brugman

3. Date
12-December-2014

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
John Tokish, MD

5. Manuscript Title
Mental Health Medication Use Correlates with Poor Outcome After Femoroacetabular Impingement Surgery in a Military Population

6. Manuscript Identifying Number (if you know it)

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Dr. Brugman has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Steven

2. Surname (Last Name)
Shaha

3. Date
01-January-2015

4. Are you the corresponding author? Yes No

Corresponding Author's Name
John M. Tokish

5. Manuscript Title
Mental Health Medication Use Correlates with Poor Outcome After Femoroacetabular Impingement Surgery in a Military Population

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name) Daniel	2. Surname (Last Name) Song	3. Date 22-December-2014
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name JM Tokish
5. Manuscript Title Mental Health Medication Use Correlates with Poor Outcome after Femoroacetabular Impingement Surgery in a Military Population		
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John

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Tokish

3. Date

22-December-2014

4. Are you the corresponding author?

Yes No

5. Manuscript Title

Mental Health Medication Use Correlates with Poor Outcome After Femoroacetabular Impingement Surgery in a Military Population

6. Manuscript Identifying Number (if you know it)

JBJS-D-15-00043

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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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

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

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

Dr. Tokish has nothing to disclose.

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