

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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#### 2. The work under consideration for publication.

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#### 4. Intellectual Property.

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

#### 5. Relationships not covered above.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Jelle P.	2. Surname (Last Name) van der List	3. Date 15-December-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name David L. Helfet, MD
5. Manuscript Title Quantitative assessment of femoral head perfusion following arthroscopic femoral osteochondroplasty		
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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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. van der List 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) Bryan	2. Surname (Last Name) Kelly	3. Date 16-December-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name David L. Helfet, MD
5. Manuscript Title Quantitative assessment of femoral head perfusion following arthroscopic femoral osteochondroplasty		
6. Manuscript Identifying Number (if you know it)		

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Dr. Kelly 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) Craig	2. Surname (Last Name) Klinger	3. Date 15-December-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name David L. Helfet, MD
5. Manuscript Title Quantitative assessment of femoral head perfusion following arthroscopic femoral osteochondroplasty		
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Mr. Klinger 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) Dean	2. Surname (Last Name) Lorich	3. Date 15-December-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name David L. Helfet, MD
5. Manuscript Title Quantitative assessment of femoral head perfusion following arthroscopic femoral osteochondroplasty		
6. Manuscript Identifying Number (if you know it)		

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Dr. Lorich has nothing to disclose.

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1. Given Name (First Name) Danyal	2. Surname (Last Name) Nawabi	3. Date 16-December-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name David L. Helfet, MD
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Dr. Nawabi has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
David

2. Surname (Last Name)  
Helfet

3. Date  
15-December-2016

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Quantitative assessment of femoral head perfusion following arthroscopic femoral osteochondroplasty

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.)?

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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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Jonathan	2. Surname (Last Name) Dyke	3. Date 15-December-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name David L. Helfet, MD
5. Manuscript Title Quantitative assessment of femoral head perfusion following arthroscopic femoral osteochondroplasty		
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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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 1. Identifying Information

1. Given Name (First Name) Lionel	2. Surname (Last Name) Lazaro	3. Date 15-December-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name David L. Helfet, MD
5. Manuscript Title Quantitative assessment of femoral head perfusion following arthroscopic femoral osteochondroplasty		
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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Peter	2. Surname (Last Name) Sculco	3. Date 15-December-2016
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name David L. Helfet, MD
5. Manuscript Title Quantitative assessment of femoral head perfusion following arthroscopic femoral osteochondroplasty		
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