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# ICMJE Form for Disclosure of Potential Conflicts of Interest

## Section 1. Identifying Information

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
<th>4. Are you the corresponding author?</th>
<th>5. Manuscript Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abtin</td>
<td>Alvand</td>
<td>28-June-2017</td>
<td>No</td>
<td>Prior generic arthroscopic volume correlates with hip arthroscopic proficiency: a simulator study</td>
</tr>
</tbody>
</table>

5. Corresponding Author's Name: Gurhan Erturan

6. Manuscript Identifying Number (if you know it):

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## 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. Alvand has nothing to disclose.

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1. Given Name (First Name)  
   Sion

2. Surname (Last Name)  
   Glyn-Jones

3. Date  
   28-June-2017

4. Are you the corresponding author?  
   ✔ No

   Corresponding Author’s Name  
   Gurhan Erturan

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1. Given Name (First Name)  
Andrew

2. Surname (Last Name)  
Judge

3. Date  
28-June-2017

4. Are you the corresponding author?  
☐ Yes  ☑ No  
Corresponding Author’s Name  
Gurhan Erturan

5. Manuscript Title  
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1. Given Name (First Name)  Tom
2. Surname (Last Name)  Pollard
3. Date  28-June-2017
4. Are you the corresponding author?  ☑ No

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)

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1. Given Name (First Name)  Jonathan
2. Surname (Last Name) Rees
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Corresponding Author’s Name  Gurhan Erturan
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Other: Anything not covered under the previous three boxes

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1. Given Name (First Name)  Gurhan
2. Surname (Last Name)  Erturan
3. Date  10-February-2017
4. Are you the corresponding author?  ✔ Yes  No

5. Manuscript Title
Prior Generic Arthroscopic Volume Correlates with Hip Arthroscopic Proficiency: A Simulator Study

6. Manuscript Identifying Number (if you know it)

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Dr. Erturan has nothing to disclose.

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