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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Section 1. Identifying Information

1. Given Name (First Name)  
   Elizabeth

2. Surname (Last Name)  
   Bardowski

3. Date  
   07-January-2019

4. Are you the corresponding author?  
   No

Corresponding Author's Name  
   JW Thomas Byrd, MD

5. Manuscript Title  
   Hip Arthroscopy within 3 Months of an Intraarticular Injection: Is it Safe?

6. Manuscript Identifying Number (if you know it)

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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.)?  
Yes

Are there any relevant conflicts of interest?  
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Section 6. Disclosure Statement

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Ms. Bardowski has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)  
   J.W. Thomas

2. Surname (Last Name)  
   Byrd

3. Date  
   07-January-2019

4. Are you the corresponding author?  
   ✔ Yes   □ No

5. Manuscript Title  
   Hip Arthroscopy within 3 Months of an Intraarticular Injection: Is it Safe?

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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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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<th>Non-Financial Support?</th>
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Dr. Byrd reports personal fees, paid speaker/presenter fees, royalties, and research support from Smith & Nephew. He receives royalties from Springer outside of the submitted work.

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1. Given Name (First Name)  
   Ashley  

2. Surname (Last Name)  
   Civils  

3. Date  
   07-January-2019  

4. Are you the corresponding author?  
   ✔ No  

   Corresponding Author’s Name  
   JW Thomas Byrd, MD

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