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

<table>
<thead>
<tr>
<th>1. Given Name (First Name)</th>
<th>2. Surname (Last Name)</th>
<th>3. Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adam</td>
<td>Levin</td>
<td>11-October-2018</td>
</tr>
</tbody>
</table>

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

5. Manuscript Title
   Surgical Hip Dislocation by Modified Hardinge Approach for Excision of Osteochondromas of the Acetabulum and Femoral Neck in an Adult.

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.)?

Are there any relevant conflicts of interest?  □ Yes  ✔ No

### Section 3. Relevant financial activities outside the submitted work.

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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
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Section 6. Disclosure Statement

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Dr. Levin has nothing to disclose.

Evaluation and Feedback

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**Section 1. Identifying Information**

1. Given Name (First Name) | 2. Surname (Last Name) | 3. Date
Brett | Shannon | 26-September-2018

4. Are you the corresponding author? Yes ☑ No

5. Manuscript Title
Surgical Hip Dislocation by Modified Hardinge Approach for Excision of Osteochondromas of the Acetabulum and Femoral Neck in an Adult

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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**Section 3. Relevant financial activities outside the submitted work.**

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Are there any relevant conflicts of interest? Yes ☑ No

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**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. Shannon 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)**: Edward
- **2. Surname (Last Name)**: McCarthy
- **3. Date**: 10-January-2019
- **4. Are you the corresponding author?**
  - [ ] Yes
  - [x] No
- **Corresponding Author's Name**: Adam S. Levin, MD
- **5. Manuscript Title**
  - Surgical Hip Dislocation by Modified Hardinge Approach for Excision of Osteochondromas of the Acetabulum and Femoral Neck in an Adult
- **6. Manuscript Identifying Number (if you know it)**

## Section 2. The Work Under Consideration for Publication

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- [ ] Yes
- [x] No

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Dr. McCarthy has nothing to disclose.

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1. Given Name (First Name)  Sameer
2. Surname (Last Name)  Dixit
3. Date  26-September-2018
4. Are you the corresponding author?  Yes  No
5. Manuscript Title
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