ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
   David

2. Surname (Last Name)  
   Trofa

3. Date  
   06-July-2018

4. Are you the corresponding author?  
   ☑ No

   Corresponding Author’s Name  
   T. Sean Lynch

5. Manuscript Title  
   Hip Arthroscopy in Femoroacetabular Impingement

6. Manuscript Identifying Number (if you know it)  
   ST-D-18-00043

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Dr. Trofa 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) T. Sean
2. Surname (Last Name) Lynch
3. Date 06-July-2018
4. Are you the corresponding author? ☑ Yes ☐ No

5. Manuscript Title
   Hip Arthroscopy in Femoroacetabular Impingement

6. Manuscript Identifying Number (if you know it)
   ST-D-18-00043

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? ☑ Yes ☐ No
If yes, please fill out the appropriate information below.

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Dr. Lynch reports other from Smith and Nephew, outside the submitted work.

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1. Given Name (First Name)  
   Julian
2. Surname (Last Name)  
   Sonnenfeld
3. Date  
   06-July-2018
4. Are you the corresponding author?  
   Yes ☒ No
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Dr. Sonnenfeld has nothing to disclose.

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   Gabrielle

2. Surname (Last Name)  
   Steinl

3. Date  
   06-July-2018

4. Are you the corresponding author?  
   ✔ No

5. Manuscript Title  
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<td>4. Are you the corresponding author?</td>
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Corresponding Author's Name
Dr. T Sean Lynch

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Manish Mehta has no disclosures to report.

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