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.

1. Identifying information.
2. The work under consideration for publication.
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**Other:** Anything not covered under the previous three boxes

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**Royalties:** Funds are coming in to you or your institution due to your patent
ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)  
Helen

2. Surname (Last Name)  
Anwander

3. Date  
26-August-2014

4. Are you the corresponding author?  
Yes  [ ]  No  [X]

Corresponding Author’s Name  
Paul E. Beaule

5. Manuscript Title  
MRI of the Native Hip Joint

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?  
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Dr. Anwander has nothing to disclose.

Evaluation and Feedback

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## Section 1. Identifying Information

1. Given Name (First Name)  
   Paul

2. Surname (Last Name)  
   Beaulé

3. Date  
   26-August-2014

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

5. Manuscript Title  
   MRI of the Native Hip joint

6. Manuscript Identifying Number (if you know it)

## Section 2. The Work Under Consideration for Publication

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   ☐ Yes  
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   ☐ Yes  
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Dr. Beaulé has nothing to disclose.

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1. **Given Name (First Name)**
   - Kawan

2. **Surname (Last Name)**
   - Rakhra

3. **Date**
   - 26-August-2014

4. **Are you the corresponding author?**
   - [ ] Yes
   - ✔ No

   **Corresponding Author’s Name**
   - Paul E. Beaule

5. **Manuscript Title**
   - MRI of the Native Hip joint

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

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Section 1. Identifying Information

1. Given Name (First Name)  
   Klaus

2. Surname (Last Name)  
   Siebenrock

3. Date  
   26-August-2014

4. Are you the corresponding author?  
   Yes ☐ No ☑

   Corresponding Author’s Name  
   Paul Beaule

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Siebenrock